

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90106 036 \*\*\*150.00

**DOCUMENT # P99000016043**

1. Entity Name  
**MARTINI HOLDINGS V, INC.**

Principal Place of Business <b>5401 KIRKMAN ROAD          SUITE 725          ORLANDO FL 32819</b>	Mailing Address <b>5401 KIRKMAN ROAD          SUITE 725          ORLANDO FL 32819</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5728 MAJOR Blvd</b> Suite, Apt. #, etc. <b>Suite 601</b> City & State <b>Orlando FL</b>	3. Mailing Address <b>5728 MAJOR Blvd</b> Suite, Apt. #, etc. <b>Suite 601</b> City & State <b>Orlando FL</b>
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4. FEI Number <b>59-3558237</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <b>32819</b>	Country <b>US</b>	Zip <b>32819</b>	Country <b>US</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KHATIB, RASHID A  
 5401 KIRKMAN ROAD  
 SUITE 725  
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5728 MAJOR BLVD., STE. 601**  
 City **ORLANDO FL 32819** **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE <b>D</b>	<b>KHATIB, RASHID A</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>5401 KIRKMAN ROAD STE 725</b>		
CITY-ST-ZIP <b>ORLANDO FL 32819</b>		
TITLE <b>R</b>	<b>HODGE, RANDALL R</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>5401 KIRKMAN ROAD SUITE 725</b>		
CITY-ST-ZIP <b>ORLANDO FL 32819</b>		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PSFD</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS <b>5728 MAJOR BLVD., STE. 601</b>		
CITY-ST-ZIP <b>ORLANDO FL 32819</b>		
TITLE <b>VPD</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS <b>5728 MAJOR BLVD., STE. 601</b>		
CITY-ST-ZIP <b>ORLANDO FL 32819</b>		
TITLE <b>D</b>	<b>Khauri, Zahi W</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS <b>5728 MAJOR Blvd., Ste 601</b>		
CITY-ST-ZIP <b>Orlando, FL 32819</b>		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rashid A Khatib* **Rashid A Khatib** **President** **4/16/01** **(407)354-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)