## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000039063 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name MARTNI DEVELOPMENT. INC. 04-26-2000 90517 001 \*1,500.00 Mailing Address Principal Place of Business 5401 KIRKMAN RD 5401 KIRKMAN RD SUITE 725 SHITE 725 ORLANDO FL 32819-7912 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3436736 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5401 KIRKMAN RD SUITE 725 ORLANDO FL 32819 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Change ☐ Delete TITLE TITLE Randall R. Hodge KHATIB, RASHID A NAME NAME 725 5401 Kirkman Rd., Ste. 5401 KIRKMAN RD #725 STREET ADDRESS STREET ADDRESS Orlando, FL 32819 ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE KHOURI, ZAHI W NAME 5401 KIRKMAN RD #725 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE

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 of the empowered.

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Randall R. Hodge

2/25/00

407-354-220

CR2E034 (9/99)

Addition

☐ Change