2003 FOR PROFIT CORPORATION

FILED Mar 17, 2003 8:00 am {
Secretary of State **UNIFORM BUSINESS REPORT (UBR** J42658 DOCUMENT # 1. Entity Name 03-17-2003 90460 016 ***158.75 MARTORELL CORPORATION Principal Place of Business Mailing Address **10020004** MORRISON APARTMENTS **MORRISON APARTMENTS** 11300 CYPRESS DRIVE 11300 CYPRESS DRIVE **TAMPA FL 33617 TAMPA FL 33617** US 3. Mailing Address 2. Principal Place of Business 3110 MORRISON Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2743737 à mpa Not Applicable \$8.75 Additional 5. Certificate of Status Desired (LLS, Fee Required 6. Name and Address of Current Registered Agent -7.«Name and Address of New Registered Agent ---MARTORELL, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 11300 CYPRESS DRIVE **TEMPLE TERRACE FL 33617** CYPRESS DR 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. I am familiar with, and accept and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition MARTORELL, RICHARD A. NAME NAME 11300 CYPRESS DRIVE STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARTORELL. PETER KNIGHT STREET ADDRESS 11300 CYPRESS DRIVE STREET ADDRESS TEMPLE TERRACE FL CITY-ST-ZIP CITY-ST-ZIP MARTORELL, RICHARD A. JR - Change D Addition TITLE ☐.Delete. TITLE-NAME NAME STREET ADDRESS 11300 CYPRESS DRIVE STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. 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 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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