

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000069860**1. Entity Name  
**MAREIN MANAGEMENT NUMBER 3, INC.****Principal Place of Business**

4669 WEST HWY 192

KISSIMMEE  
34746

FL

**Mailing Address**

4669 WEST HWY 192

KISSIMMEE  
34746

FL

**2. Principal Place of Business**

5335 W. IRLO BRONSON HWY

**3. Mailing Address**

5335 W. IRLO BRONSON HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

KISSIMMEE

FL

**City & State**

KISSIMMEE

FL

**4. FEI Number****59-3695283**

Applied For

Not Applicable

Zip  
34746

Country

Zip  
34746

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****BAUM JOHN V**  
213 SOUTH SWOOPE AVE**MAITLAND**  
32751 US

FL

**7. Name and Address of New Registered Agent****Name****MAREIDIA ILIAS****Street Address (P.O. Box Number is Not Acceptable)**  
5335 W. IRLO BRONSON HWY**City**  
KISSIMMEE**FL****Zip Code**  
34746

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 **MAREIDIA ILIAS****03/28/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete
NAME	HASANBHAI SAMIR	
STREET ADDRESS	4669 WEST HWY 192	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAREIDIA LATIF	
STREET ADDRESS	4669 WEST HWY 192	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAREIDIA ILIAS	
STREET ADDRESS	4669 WEST HWY 192	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAREIDIA REMBEN	
STREET ADDRESS	5335 W. IRLO BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAREIDIA HASANBHAI	
STREET ADDRESS	5335 W. IRLO BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASANBHAI SAMIR	
STREET ADDRESS	5335 W. IRLO BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAREIDIA LATIF	
STREET ADDRESS	5335 W. IRLO BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAREIDIA ILIAS	
STREET ADDRESS	5335 W. IRLO BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
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: MAREIDIA ILIAS**

P

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)