FILED

4/16/01 (407) 354-2200

2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # P00000085813 Secretary of State MARTNI HOLDINGS VI. INC. 05-02-2001 90106 040 ***150.00 Principal Place of Business Mailing Address 5401 KIRKMAN ROAD 5401 KIRKMAN ROAD **SUITE 725** SHITE 725 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 5728 MAJOR Blud 5728 MAJOR Blud DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For 59-367432 Orl<u>ando</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 5 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5401 KIRKMAN ROAD **SUITE 725** 5728 MAJOR BLVD., STE. 601 ORLANDO FL 32819 City ORLANDO FL 32819 Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (10/00) change ☐ Addition ☐ Delete TITLE TITLE NAME KHATIB, RASHID A NAME 5728 MAJOR BLVD., STE. 601 STREET ADDRESS STREET ADDRESS 5401 KIRKMAN ROAD SUITE 725 ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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 STREET ADDRESS 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 it 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.

President

SIGNATURE: