

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90412 001 \*\*\*150.00

DOCUMENT # **P01000017042**

1. Entity Name

**NAIRN Services INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**11500 Westwood Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 1612**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Orlando, FL**

City & State

4. FEI Number

**75-3062149**

Applied For

Not Applicable

Zip

**32821**

Country

**U.S.A.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Edna Martinez**

Street Address (P.O. Box Number is Not Acceptable)

**11500 Westwood Blvd. # 1612**

City

**Orlando**

**FL**

Zip Code

**32821**

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

**Edna Martinez, V.P.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/31/01**

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

January 1 - May 1 Fee is: **\$150.00**

After May 1, Fee is **\$550.00**

Amended UBR is **\$61.25**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
Mohamad K. Rabata  
11500 Westwood Blvd. # 1612  
Orlando, FL. 32821**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Vice President  
Edna Martinez  
11500 Westwood Blvd. # 1612  
Orlando, FL. 32821**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Edna Martinez, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/31/02**

CR2E034B (12/01)