

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90106 043 \*\*\*150.00

**DOCUMENT # P97000019898**

1. Entity Name

**MARTNI LBV, INC.**

Principal Place of Business

**5401 KIRKMAN RD  
 SUITE 725  
 ORLANDO FL 32819**

Mailing Address

**5401 KIRKMAN RD  
 SUITE 725  
 ORLANDO FL 32819**

2. Principal Place of Business

**5728 MAJOR Blvd**

Suite, Apt. #, etc.

**Suite 601**

City & State

**Orlando FL**

Zip

**32819**

Country

**US**

3. Mailing Address

**5728 MAJOR Blvd**

Suite, Apt. #, etc.

**Suite 601**

City & State

**Orlando FL**

Zip

**32819**

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3432822**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KHATIB, RASHID S A  
 5401 KIRKMAN RD  
 SUITE 725  
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

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

**5728 MAJOR BLVD., STE. 601**

City **ORLANDO FL 32819**

**FL**

Zip Code

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KHATIB, RASHID A</b>	
STREET ADDRESS	<b>5401 KIRKMAN RD SUITE 725</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KHOURI, ZAH W</b>	
STREET ADDRESS	<b>5401 KIRKMAN RD SUITE 725</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D P S T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5728 MAJOR BLVD., STE. 601</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5728 MAJOR BLVD., STE. 601</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rashid A Khatib**  
**President**

Date

**4/16/01**

Daytime Phone #

**(407) 354-2200**

CR2E034 (10/00)