

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM****Secretary of State****DOCUMENT # P97000035509**1. Entity Name
MAREDIAN MANAGEMENT, INC.Principal Place of Business
4669 W IRLO BRONSON HWY
KISSIMMEE FL 34746
USMailing Address
4669 W IRLO BRONSON HWY
KISSIMMEE FL 34746
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3441556
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BAUM JOHN V**
213 SOUTH SWOOPE AVENUE

MAITLAND FL
32751**7. Name and Address of New Registered Agent**Name
MAREDIS ILIAS
Street Address (P.O. Box Number is Not Acceptable)
4669 W. HWY 192

City **FL** Zip Code
KISSIMMEE 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 **MAREDIS 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
V	MAREDIS REMBEN	4669 W. IRLO BRONSON HWY	KISSIMMEE FL 34746		
V	MAREDIS HASANBHAI	4669 W. IRLO BRONSON HWY	KISSIMMEE FL 34746		
V	MAREDIS LATIF	4669 W. IRLO BRONSON HWY	KISSIMMEE FL 34746		
PD	MAREDIS ILIAS	4669 W IRLO BRONSON HIGHWAY	KISSIMMEE FL 34746	☒	☐
				☐	☐
				☐	☐

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: MAREDIS ILIAS**PD****03/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)