2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State DOCUMENT # P98000056993 1. Entity Name MARTNI SARASOTA, INC. 05-02-2001 90106 025 ***150.00 Mailing Address Principal Place of Business 5401 KIRKMAN RD. SUITE 725 5401 KIRKMAN RD. SUITE 725 ORLANDO FL 32819 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business 5728 MAJOR BLUD 5728 MAJOR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59-3519161 FL Not Applicable rlando Country \$8.75 Additional 5. Certificate of Status Desired 32819 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5401 KIRKMAN RD, SUITE 725 ORLANDO FL 32819 5728 MAJOR BLVD., STE. 601 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS PSTD ☐ Addition Change D □ Delete TITLE TITLE KHATIB, RASHID A NAME NAME 5728 MAJOR BLVD., STE. 601 5401 KIRKMAN RD, SUITE 725 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 D ☐ Change TITLE ☐ Delete TITLE Khouri, ZAhi W. 5728 MATOR Blvd., Ste 601 NAME NAME STREET ADDRESS STREET ADDRESS Orlando FL 32819 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE RANDAII R. Hodge NAME NAME 5728 MAJOR BIUD., St 601 STREET ADDRESS STREET ADDRESS Orlando FL 32819 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete DITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 RASHIA A KhAHIB

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

(407)354-2200

aytime Phone #