FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90056 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80054766

DOCUMENT # P98000089712

1. Entity Name
MARTRANIC, INC.

Principal Place of Business	Mailing Address
6221 MANCHESTER LANE DAVIE, FL 33331-2971	9200 NW 49 PLACE SUNRISE, FL 33351 US

2. Principal Place of Business		3. Mailing Address	
		6221 Manchester Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Davie FLA	
Zip	Country	Zip 33331	Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0873735 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NICOL, SHEREE 9200 NW 49TH PLACE SUNRISE, FL 33351	Name: Sheree Nicol Street Address (P.O. Box Number is Not Acceptable): 6221 Manchester Lane City: Davie FL Zip Code 33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]. PRESIDENT 3/10/03
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
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KHALEEL, SHEREE		NAME	
STREET ADDRESS	9200 NW 49 PLACE		STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NICOL, MARTIN		NAME	
STREET ADDRESS	9200 NW 49 PLACE		STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351		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			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			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]. Sheree Nicol 3/10/03 (954)609-5216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #