FILED

DOCUMENT # P98000105181 1. Entity Name MAREDIAN MANAGEMENT NUMBER 2, INC.					Jan 24, 2000 8:00 am Secretary of State 01-24-2000 90075 021 ***158.75		
Principal Plac	e of Business	Mailing Address					
4669 W. IRLO BRONSON HIGHWAY KISSIMMEE FL 34746		4669 W. IRLO BRONSON HIGHWAY KISSIMMEE FL 34746-5320				9046	80
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
City & State		City & State		4.	FEI Number 59-3559806	<u> </u>	oplied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional
·····	6. Name and Address of Current F	legistered Agent	<u> </u>	7. 1	Name and Address of New Re		
	· · · · · · · · · · · · · · · · · · ·	,	Name				
HASANBHAI, SAMIR 4669 W. IRLO BRONSON HIGHWAY			Street	Street Address (P.O. Box Number is Not Acceptable)			
KISS	IMMEE FL 34746		1 :				
			City			FL Zip Cod	e
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. (NOTE Regis FILE NOW!!! FE After MAY 1, 2000 Fi Make Check Payable to			000 Fee will be).00 \$550.00	10. Election Campaign Fina Trust Fund Contribution.	ncing \$5.0	May Be
11,	OFFICERS AND E	DIRECTORS	12,	AC	ODITIONS/CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baum, John V 4669 W. Irlo Bronson Highw Kissimmee Fl 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAREDIA, ILIAS H 4669 W. IRLO BRONSON HIGHW KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAREDIA, LATIF H 4669 W. IRLO BRONSON HIGHW KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HASANBHAI, SAMIR 4669 W. IRLO BRONSON HIGHW KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THEORIGINE I E OT/ TO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicatéd	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor	rue and accurate and that	my signature shall	have the same	legal effect as if made under oa	th: that I am an officer	or director

changed, or on an attachment with an address, with all other like

SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)