

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2001 08:00 AM****Secretary of State****DOCUMENT # P98000105181**1. Entity Name  
MAREDIAN MANAGEMENT NUMBER 2, INC.Principal Place of Business  
4669 W. IRLO BRONSON HIGHWAY  
KISSIMMEE FL 34746  
Mailing Address  
4669 W. IRLO BRONSON HIGHWAY  
KISSIMMEE FL 347462. Principal Place of Business  
4970 KYNG'S HEATH ROAD  
3. Mailing Address  
4970 KYNG'S HEATH ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
KISSIMMEE FLZip  
347464. FEI Number  
59-3559806  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**HASANBHAI SAMIR  
4669 W. IRLO BRONSON HIGHWAY  
KISSIMMEE FL 34746**7. Name and Address of New Registered Agent**Name  
MAREDIS ILIAS  
Street Address (P.O. Box Number is Not Acceptable)  
4970 KYNG'S HEATH ROAD  
City  
KISSIMMEE FL Zip Code  
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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	Delete
NAME	HASANBHAI SAMIR	<input type="checkbox"/>
STREET ADDRESS	4669 W. IRLO BRONSON HIGHWAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	V	Delete
NAME	MAREDIS LATIF H	<input type="checkbox"/>
STREET ADDRESS	4669 W. IRLO BRONSON HIGHWAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	P	Delete
NAME	MAREDIS ILIAS H	<input type="checkbox"/>
STREET ADDRESS	4669 W. IRLO BRONSON HIGHWAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	Delete
NAME	BAUM JOHN V	<input type="checkbox"/>
STREET ADDRESS	4669 W. IRLO BRONSON HIGHWAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	S	Change	Addition
NAME	MAREDIS REMBEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	4970 KYNG'S HEATH ROAD		
CITY-ST-ZIP	KISSIMMEE FL 34746		
TITLE		Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	V	Change	Addition
NAME	MAREDIS HASANBHAI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	4970 KYNG'S HEATH ROAD		
CITY-ST-ZIP	KISSIMMEE FL 34746		
TITLE		Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
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: MAREDIS ILIAS

PD

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)