

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90079 016 ***150.00

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01252005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2198971

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

URAL, CIGDEM
ANDERSON ROAD NO: 3608
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME URAL, NURSEL H.
STREET ADDRESS 3608 ANDERSON RD
CITY-ST-ZIP CORAL GABLES, FL

TITLE PD ☐ Delete
NAME URAL, OKTAY
STREET ADDRESS 3608 ANDERSON RD
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D. Cigdem Ural ☐ Change ☒ Addition
NAME
STREET ADDRESS 3608 Anderson Rd.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE D. Derin Ural ☐ Change ☒ Addition
NAME
STREET ADDRESS 3608 Anderson Rd.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE D. Sergi Ural ☐ Change ☒ Addition
NAME
STREET ADDRESS 3608 Anderson Rd.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Oktay Ural Jan 25, 2005 305-4469462
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

OKTAY URAL