

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91528 001 ***150.00

DOCUMENT # M99326
1. Entity Name:
PLANTATION PINES ESTATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3950 NW 167 Street		3. Mailing Address	
State, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL.		City & State	
Zip 33054	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0163152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name AKDORUK, YILMAZ M.
Street Address (P.O. Box Number is Not Acceptable) 3950 NW 167 Street
City Miami State FL Zip 33054

8. This 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when renewing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AKDORUK, YILMAZ M. 3950 NW 167 St, Miami, FL. 33054	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SHATHER, ALEX 3950 NW 167 St, Miami, FL. 33054	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AKDORUK, JANE 3950 NW 167 ST, Miami, FL. 33054	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like entries.

SIGNATURE:  **J. Adams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (305) 624-1555
Date Department Phone #

CR2E034B (12/01)