

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90382 003 ***150.00

DOCUMENT # P96000078512

1. Entity Name
DINO BAGS, INC.

Principal Place of Business 740 SIDNEY MORCUS BLVD. APT 5307 ATLANTA GA 30324	Mailing Address 740 SIDNEY MORCUS BLVD APT 5307 ATLANTA GA 30324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 22-44 37th Street	3. Mailing Address 22-44 37th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Long Island City, NY	City & State Long Island City, NY
Zip 1105	Country USA

4. FEI Number 65-0728348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES 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.

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

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 NAME STREET ADDRESS CITY-ST-ZIP	CS COBANOGLU, NURSEL 740 SIDNEY MARCUS BLVD #5307 ATLANTA GA 30324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUZEK, BEDRIYE H 740 SIDNEY MARCUS BLVD #5307 ATLANTA GA 30324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM EBBESMEYER, JOHN B 7380 SAND LAKE RD #500 ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FM CUNEYT, AKPINAR KOXYTAGL ANLOSIA ASFALT, AR PLZ KADIKOY ISTANBUL TRKY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CANZKCU, BULENT BOGDAT CADDESİ #371 KADIKOY ISTANBUL TRKY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBANOGLU, NURSEL 22-44 37th Street Long Island City, NY 1105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUZEK, BEDRIYE H 22-44 37th Street Long Island City, NY 1105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gm CESUR, CENGİZ Sakı Kir. Sok. Ergene YAKUŞU #1 Tarabya, Istanbul - Turkey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fm CUNEYT, AKPINAR 22-44 37th Street Long Island City, NY 1105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CESUR, CIHAN Boğdat Cad. Vapur yolu Sok - 2. Et. Ap. 412/6 Sarıyer, Istanbul - Turkey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **SUZEL, BEDRIYE H** 04/24/2001 718-321 1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)