


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0061288 AB

**DOCUMENT #** P96000078512

1. Entity Name  
**DINO BAGS, INC.**



04-30-2003 90149 019 \*\*\*150.00

Principal Place of Business  
~~22-44 37TH STREET~~ **4216 28th Ave**  
**LONG ISLAND CITY NY 11103**  
US

Mailing Address  
~~22-44 37TH STREET~~ **4216 28th Ave**  
**LONG ISLAND CITY NY 11103**  
US



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME	S. COBANOGLU, NURSEL	<input type="checkbox"/> Delete
STREET ADDRESS	22-44 37TH STREET	
CITY-ST-ZIP	LONG ISLAND CITY NY 11105	
TITLE NAME	VP SUZEK, BEDRIYE H	<input type="checkbox"/> Delete
STREET ADDRESS	22-44 37TH STREET	
CITY-ST-ZIP	LONG ISLAND CITY NY 11105	
TITLE NAME	FM CUNEYT, AKPINAR	<input type="checkbox"/> Delete
STREET ADDRESS	22-44 37TH STREET	
CITY-ST-ZIP	LONG ISLAND CITY NY 11105	
TITLE NAME	M CESUR, CIHAN	<input type="checkbox"/> Delete
STREET ADDRESS	BAGKAT CAD. VAPURYDU SOK OALU AP. SUADIYE, ISTANBUL, TURKEY 41216	
TITLE NAME	P COSANOGLU, NURSEL	<input type="checkbox"/> Delete
STREET ADDRESS	22-44 37TH STREET	
CITY-ST-ZIP	LONG ISLAND CITY NY 11105	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	5 COBANOGLU, NURSEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4216 28th Ave	
CITY-ST-ZIP	Long Island City, NY 11103	
TITLE NAME	VP SUZEK, Bedriye H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4216 28th Ave	
CITY-ST-ZIP	Long Island City, NY 11103	
TITLE NAME	FM AKPINAR, CUNEYT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4216 28th Ave	
CITY-ST-ZIP	Long Island City, NY 11103	
TITLE NAME	M CESUR, Cihan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Bagdat Cd. Vapururdu Sk Alu Ap Suadiye, Istanbul, Turkey 41216	
TITLE NAME	COBANOGLU, NURSEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4216 28th Ave	
CITY-ST-ZIP	Long Island City, NY 11103	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Nursel Cobanoglu **April 23, 03** **718-721 1343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)