

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90027 008 ***150.00

DOCUMENT # F01000002253

1. Entity Name
BAFA GROUP, INC.

Principal Place of Business

24703 U.S. 19 NORTH, SUITE 210
CLEARWATER FL 33763

Mailing Address

24703 U.S. 19 NORTH, SUITE 210
CLEARWATER FL 33763

2. Principal Place of Business

24641 US 19 NORTH
Suite, Apt. #, etc.
510

3. Mailing Address

24641 US 19 NORTH
Suite, Apt. #, etc.
510

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33763

Country

USA

Zip

33763

Country

USA

4. FEI Number

13-4121080

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: FATIH YUKSEL
Street Address (P.O. Box Number is Not Acceptable): 24641 US HWY 19 NORTH, SUITE 510
City: CLEARWATER FL Zip Code: 33763

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/2002
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|-----------------------|---------------------------------------|---------------------------------|
| TITLE | CPVS | <input type="checkbox"/> Delete |
| NAME | YUKSEL, FATIH | |
| STREET ADDRESS | 24703 U.S. 19 NORTH, SUITE 210 | |
| CITY-ST-ZIP | CLEARWATER FL 33763 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | YUKSEL, FATIH | |
| STREET ADDRESS | 24703 U.S. 19 NORTH, SUITE 210 | |
| CITY-ST-ZIP | CLEARWATER FL 33763 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|---|---|
| TITLE | CPVS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YUKSEL, FATIH | |
| STREET ADDRESS | 24641 US HWY 19 NORTH, SUITE 510 | |
| CITY-ST-ZIP | CLEARWATER, FL 33763 | |
| TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YUKSEL, FATIH | |
| STREET ADDRESS | 24641 US HWY 19 NORTH, SUITE 510 | |
| CITY-ST-ZIP | CLEARWATER, FL 33763 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2002

(727) 726-7625

Date

Daytime Phone #

CR2E034 (9/01)