

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90011 027 \*\*\*150.00

**DOCUMENT # F37323**

1. Entity Name  
**BUILDING CENTER OF FLORIDA, INCORPORATED**



Principal Place of Business

3608 ANDERSON RD.  
P O BOX 340525  
CORAL GABLES, FL 33134

Mailing Address

3608 ANDERSON RD.  
P O BOX 340525  
CORAL GABLES, FL 33134

**60001104**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 340525*

Suite, Apt. #, etc.

01042006

Chg-P

CR2E034 (11/05)

City & State

City & State

*Coral Gables, FL*

4. FEI Number

**59-2198971**

Applied For

Not Applicable

Zip

Country

Zip

*33134*

Country

*USA*

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
URAL, CIGDEM  
3608 ANDERSON RD  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
URAL, DERIN  
3608 ANDERSON RD  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
URAL, SERGI  
3608 ANDERSON RD  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Okta Y Lral* - OKTAY LRAL President 1/6/2006 (305)4469462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #