

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001294

1. Entity Name

TURK HAVA YOLLARI A.O.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90088 018 ***158.75

Principal Place of Business
TURKISH AIRLINES CO. INC.
437 MADISON AVE. SUITE 17B
NEW YORK NY 10002

Mailing Address
TURKISH AIRLINES CO. INC.
437 MADISON AVE. SUITE 17B
NEW YORK NY 10022-7001

2. Principal Place of Business
1001 Brickell Bay Drive

3. Mailing Address
1001 Brickell Bay Drive

Suite, Apt. #, etc.
Suite # 2414

Suite, Apt. #, etc.
Suite # 2414

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
13-3470138

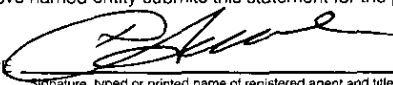
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Niyazi ANIL
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Drive
Suite # 2414
City
Miami FL Zip Code
33131

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  Niyazi ANIL Director of Miami 01.18.2000
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOLAYIRLI, YUSUF			NAME			
STREET ADDRESS	THY A.O. GENEL MUDURLUK BINASI. 34830			STREET ADDRESS			
CITY-ST-ZIP	YESILKOY-ISTANBUL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YUKSEL, GUROL			NAME			
STREET ADDRESS	THY A.O. GENEL MUDURLUK BINASI. 34830			STREET ADDRESS			
CITY-ST-ZIP	YESILKOY-ISTANBUL			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AKGUN, VURAL			NAME	ALIYE ALPTEKIN		
STREET ADDRESS	THY A.O. GENEL MUDURLUK BINASI. 34830			STREET ADDRESS	THY A.O. Genel Mudurluk Binasi		
CITY-ST-ZIP	YESILKOY-ISTANBUL			CITY-ST-ZIP	Yesilkoy- ISTANBUL TURKEY 34830		
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOZLU, CEM M			NAME			
STREET ADDRESS	THY A.O. GENEL MUDURLUK BINASI. 34830			STREET ADDRESS			
CITY-ST-ZIP	YESILKOY-ISTANBUL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYBAT, SERTAC			NAME			
STREET ADDRESS	THY A.O. GENEL MUDURLUK BINASI. 34830			STREET ADDRESS			
CITY-ST-ZIP	YESILKOY-ISTANBUL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IGMEN, MAHBUBE			NAME			
STREET ADDRESS	THY A.O. GENEL MUDURLUK BINASI. 34830			STREET ADDRESS			
CITY-ST-ZIP	YESILKOY-ISTANBUL			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:  Niyazi ANIL Director of Miami 01.18.2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #