

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91528 004 \*\*\*150.00

DOCUMENT # J67509

1. Entity Name:

PRO STUDIOS C, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3950 NW 167 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL.

City & State

Zip 33054

Country

Zip

Country

4. FEI Number 59-2812893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name AKDORUK, YILMAZ M.

Street Address (P.O. Box Number is Not Acceptable)

3950 NW 167 St.,

City MIAMI

FL

Zip 33054

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, typed or printed (name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 DP  
NAME AKDORUK, YILMAZ M.  
STREET ADDRESS 3950 NW 167 St., Miami, FL. 33054  
CITY-ST-ZIP

TITLE D  
NAME AKDORUK, JANE  
STREET ADDRESS 3950 NW 167 St., Miami, FL. 33054  
CITY-ST-ZIP

TITLE VPS  
NAME SHATHER, ALEX  
STREET ADDRESS 3950 NW 167 St., Miami, FL. 33054  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

(305) 624-1555

Date

Or Jurisdiction #

CR2E034B (12/01)