

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

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

05-01-2002 91528 005 ***150.00

DOCUMENT # K09339
1. Entity Name
AKDORUK & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3950 NW 167 Street		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL.		City & State	
Zip 33054	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0028781**

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

DO NOT WRITE 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 Code **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

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

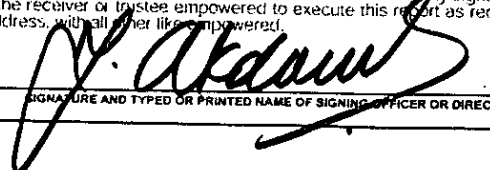
January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	PD	TITLE	AKDORUK, YILMAZ M.	3950 NW 167 St.	Miami, FL. 33054
NAME	V	NAME	RAUDENBUSH, JACK	3950 NW 167 St.,	Miami, FL. 33054
STREET ADDRESS	STVP	STREET ADDRESS	SHATHER, ALI M.	3950 NW 167 St.,	Miami, FL. 33054
CITY - ST - ZIP		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 like empowered.

SIGNATURE:  **4-23-02** **(305) 624-1555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)