

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006646

1. Entity Name
FAZ ELEKTRIK USA LLC

Principal Place of Business
620 FORESTGREEN COURT
ORLANDO FL 32828

Mailing Address
620 FORESTGREEN COURT
ORLANDO FL 32828

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3650866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name ALI ALBAYRAK

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

620 FORESTGREEN CT.

City ORLANDO

FL

Zip Code

32828

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 title if applicable.

ALI ALBAYRAK

(NOTE: Registered Agent signature required when reinstating)

06/04/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300004423243-4

-06/15/01--01098--010

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME TANER, OSMAN
STREET ADDRESS 620 FORESTGREEN COURT
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE MGR
NAME TANER, NESLISAH
STREET ADDRESS 620 FORESTGREEN COURT
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE MGR
NAME ALBAYRAK, ALI H
STREET ADDRESS 620 FORESTGREEN COURT
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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
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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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/30/01

APPROVED
AND
FILED

01 JUN -8 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

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