

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009554

1. Entity Name
YASEMIN HOLDINGS LLC

FILED

01 APR 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O KAYTMAZ
224 10TH STREET
WEST PALM BEACH FL 33401

Mailing Address
C/O KAYTMAZ
224 10TH STREET
WEST PALM BEACH FL 33401



2. Principal Place of Business
200 CLEMATIS
Suite, Apt. #, etc.

3. Mailing Address
224 10 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WPR FL

City & State
WPR FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33401

Country
U.S.A

Zip
33401

Country
U.S.A

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEALE, DAVID A ESQ.
C/O DAVID A. BEALE, P.A.
172 NORTHEAST SECOND AVENUE
DELRAY BEACH FL 33444

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004079042--8
-04/26/01--01010--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAYTMAZ, SERENA 224 10TH STREET WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TURGUT KAYTMAZ 224 10 Street WPR FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SERENA KAYTMAZ SERENA KAYTMAZ

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

Date

Daytime Phone #

CR2E083 (11/00)