

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

5/1/

05-01-2003 90271 024 ****50.00

DOCUMENT # L02000005811

1. Entity Name

EKIP USA, LLC



Principal Place of Business

Mailing Address

**710 WASHINGTON AVENUE, SUITE 5
MIAMI BEACH FL 33139**

**710 WASHINGTON AVENUE, SUITE 5
MIAMI BEACH FL 33139**

2. Principal Place of Business

1756 N BAYSHORE DR

Suite, Apt. #, etc.

19E

3. Mailing Address

1756 N BAYSHORE DR

Suite, Apt. #, etc.

19E

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

03-0405068

☒ Applied For

☐ Not Applicable

Zip

33132

Country

USA

Zip

33132

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FINLEY, CHANDLER R ESO.
710 WASHINGTON AVENUE, SUITE 5
MIAMI BEACH FL 33139**

7. Name and Address of Now Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ALPASLAN, ERSIN**
STREET ADDRESS **1756 N. BAYSHORE DRIVE 19E**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

04/26/03

Date

786/9241190

Daytime Phone #

CR2E083 (10/02)