

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001960

1. Entity Name

BAKER REPRESENTATIVE AND TRADING LLC

FILED

01 MAR 12 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

MARMARA SANAYI SITESI
C BLOK. NO. 47. KAT.3. IKITELLI 34670
ISTANBUL. TURKEY

Mailing Address

MARMARA SANAYI SITESI
C BLOK. NO. 47. KAT.3. IKITELLI 34670
ISTANBUL. TURKEY

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

98-0211358

Applied For

Not Applicable

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

LANGOON, W. EDWARD CPA
601 N. FERNCREEK AVE., SUITE 200
ORLANDO FL 32803

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

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME EKMEKCI, CEM
STREET ADDRESS MARMARA SANAYI SITESI C BLOK NO 47 KAT 3
CITY-ST-ZIP IKITELLI 34670, 1ST., TURKEY

TITLE MGR ☒ Change ☐ Addition
NAME EKMEKCI, CEM
STREET ADDRESS MARMARA SANAYI SITESI C BLOK NO:47
CITY-ST-ZIP KAT 3 IKITELLI, 1ST., TURKEY 34670

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500003888415--6
-03/20/01--01078--003
*****50.00 *****50.00

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/28/2001

+902124720140

CR2E083 (11/00)