

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002468

1. Entity Name

TURKISH AMERICAN BUSINESS, EDUCATION AND CULTURA

Principal Place of Business

3400 GALT OCEAN DR.  
FORT LAUDERDALE FL 33308

Mailing Address

3400 GALT OCEAN DR.  
FORT LAUDERDALE FL 33308

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATONA, JOHN  
315 S.E. 7TH ST.  
FORT LAUDERDALE FL 33311

7. Name and Address of New 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.

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE: D *President*  
NAME: GENSCOY, SUHEYLA  
STREET ADDRESS: 3400 GALT OCEAN DR.  
CITY-ST-ZIP: FORT LAUDERDALE FL 33308 ☐ Delete

TITLE: D *Treasurer*  
NAME: LARSON, ROSEMARIE *Rosemary*  
STREET ADDRESS: 4800 GALT OCEAN DR. *3500 Galt Ocean Dr.*  
CITY-ST-ZIP: FORT LAUDERDALE FL 33308 *206* ☐ Delete

TITLE: D *Vice Pres.*  
NAME: LATONA, JOHN  
STREET ADDRESS: 315 S.E. 7TH ST.  
CITY-ST-ZIP: FORT LAUDERDALE FL 33311 ☐ Delete

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: *Treasurer*  
NAME: *Rosemary D. Larson*  
STREET ADDRESS: *3500 Galt Ocean Dr. # 206*  
CITY-ST-ZIP: *Fort Lauderdale, FL 33308* ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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CITY-ST-ZIP: ☐ Change ☐ Addition

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

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Latona, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 28, 2001 (954) 561-0564*  
Date Daytime Phone #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90070 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)