

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

0102233

**DOCUMENT # P00000007593**

1. Entity Name

**V.I.P. FLORIDA INVESTMENTS & FINANCE CORPORATION**

02-12-2001 90221 019 \*\*\*150.00

Principal Place of Business

**1041 WATERSIDE LANE  
HOLLYWOOD FL 33019**

Mailing Address

**1041 WATERSIDE LANE  
HOLLYWOOD FL 33019**

**00010001**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**555 NE 34 st**

Suite, Apt. #, etc.

**#1101**

City & State

**MIAMI**

3. Mailing Address

**555 NE 34 st**

Suite, Apt. #, etc.

**#1101**

City & State

**Miami**

4. FEI Number

**65-0979144**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EFLANLI, MEHMET I  
1041 WATERSIDE LANE  
HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name **EFLANLI, Mehmet Ilker**

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

**555 NE 34 st #1101**

City **MIAMI**

**FL**

Zip Code **33137**

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 *Mehmet Ilker EFLANLI* **Mehmet Ilker EFLANLI**

**02/05/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete  
NAME **MEHMET ILKER EFLANLI**  
STREET ADDRESS **555 NE 34 st #1101**  
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition  
NAME **MEHMET ILKER EFLANLI**  
STREET ADDRESS **555 NE 34 st #1101**  
CITY-ST-ZIP **MIAMI FL 33137**

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

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CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mehmet Ilker EFLANLI* **Mehmet Ilker EFLANLI, President**

**02/05/00**

Date

**(786) 8536162**

Daytime Phone #

CR2E034 (10/00)