

4/17/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

04-17-2001 90116 024 ***150.00

DOCUMENT # P00000011196

1. Entity Name

TURQUOISE CONSULTING INC.

Principal Place of Business

1253 OLD OKEECHOBEE ROAD #A-2
WEST PALM BEACH FL 33401

Mailing Address

1253 OLD OKEECHOBEE ROAD #A-2
WEST PALM BEACH FL 33401

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0987993

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALTAN, RIZANUR
7001 WASHINGTON ROAD
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name **RIZA N. ALTAN**

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

1253 OLD OKEECHOBEE RD STE A-2City **W. PALM BCH, FL**Zip Code **33401**

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

Riza N. ALTAN

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

(NOTE: Registered Agent signature required when reinstating)

Apr. 26, 2001

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 **PRES.** ☐ Delete
 NAME **RIZANUR ALTAN**
 STREET ADDRESS **1253 OKEECHOBEE RD. STE A-2**
 CITY-STATE-ZIP **W. PALM BCH., FL. 33401**

 TITLE ☐ Delete
 NAME
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 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

 TITLE ☒ Change ☐ Addition
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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:

Riza N. ALTAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 13, 2001 (561) 804 9908

Date

Daytime Phone

CR2E034 (10/00)