## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

SIGNATURE:

May 01, 2003 8:00 am Secretary of State P00000011196 DOCUMENT # 05-01-2003 90310 046 \*\*\*150.00 1. Entity Name TURQUOISE CONSULTING INC Principal Place of Business Mailing Address 1253 OLD OKEECHOBEE ROAD #A-2 1253 OLD OKEECHOBEE ROAD #A-2 WEST PALM BEACH FL 33401 WEST PALM BEACH EL 33401 Principal Place of Business 477 S. Rosemary Av. 5[#213 N. palm Beach, FL 33401-5757 Mailing Address 477 6. Rosemary Av. Ste#213 w. palm Beach, F. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES # 213 57年.井213 Applied For City & State City & State 4. FEI Number 65-0987993 BEACH FL Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 340 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALTAN, RIZA N Street Address (P.O. Box Number is Not Acceptable) 1253 OLD OKEECHOBEE RD STE A-2 WEST PALM BEACH FL 33401 So. ROSEMARY AV., STE# 213 PALM BEACH 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, typed or printed name of regis ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Proesident Change Addition ☐ Delete TITLE ALTAN, RIZAHUR ALTAN, RIZANUR NAME 1 NAME 1253 OKEECHOBEE RD STE A-2 477 So. ROSEMARY AVE. STE#213 STREET ADDRESS STREET ADDRESS WEST-PALM-BEACHLFL 33401 CITY-ST-ZIP CITY-ST-ZIP BOH. FL. 33401-5757 ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 607, 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.