

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90005 014 \*\*\*158.75

**DOCUMENT #** P00000023646

**1. Entity Name**

**TRAVERTINE DEPOT CORP.**

**Principal Place of Business**  
**1782 NW 82 AVE.**  
**MIAMI, FL 33126**

**Mailing Address**  
**2121 PONCE DE LEON BLVD.**  
**SUITE 240**  
**CORAL GABLES, FL 33134**

**A0081337**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

**2121 PONCE DE LEON BLVD.**  
**Suite, Apt. #, etc.**  
**240**

**City & State**  
**CORAL GABLES, FL**

**Zip**  
**33134**

Country

**4. FEI Number**

**650986818**

**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**

**PRATS, GABRIEL**  
**2121 PONCE DE LEON BLVD. #240**  
**CORAL GABLES, FL 33134**

**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

**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** **PSD** ☐ Delete  
**NAME** **EMRE, VELIC**  
**STREET ADDRESS** **1782 NW 82 AVE**  
**CITY-ST-ZIP** **MIAMI, FL 33126**

**TITLE** **VTD** ☐ Delete  
**NAME** **BULCA, CEMAL K.**  
**STREET ADDRESS** **1782 NW 82 AVE**  
**CITY-ST-ZIP** **MIAMI, FL 33126**

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

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

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

*Cemal K. Bulca*  
**Cemal K. Bulca**

**07/30/01** **305 4771231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment Doc# T00000023646 A0081337

**TRAVERTINE DEPOT CORP.**

2121 Ponce de Leon Blvd #240  
Coral Gables, FL 33134

July 13, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500


To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2001 Uniform Business Report ( U.B.R. ) for our company has not been filed.

According to our records we didn't receive the 2001 U.B.R. form. Enclosed is a completed 2001 U.B.R. and a check for \$158.75. We hereby request an abatement of the \$400.00 filling late penalty.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

  
TRAVERTINE DEPOT CORP.