## FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000056486



## FILED Apr 15, 2003 8:00 am Secretary of State 04-15-2003 90115 022 \*\*\*150.00

Murtazo USA.	INC			
DO NOT WRITE	-IN THIS SPA	∖Œ	10072228	
2. Principal Place of Business 5700 okeechobee Blusuite, Apt. #, etc.	3. Mailing Address 5 700 Okeech Suite, Apt. #, etc.	nobee Blud	DO NOT WRITE IN THIS SPACE	
City & State  Cut and make Beach	City & State West Dalm F	Beach	4. FEI Number 65 - 10 200 / Applied For Not Applicable	
Zio 3417 Country USA	33417	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of Current Registered Agent	
DO NOT V	/RITE	Name_1-es	her. Geralds	
IN THIS S			P.O. Box Number is Not Acceptable) Palm Beach Lakes Blud 1510	
and partition unmitted this statement	for the purpose of changing its re-	City west	Palm Bench FL 33401 red agent, or both, in the State of Florida. I am familiar with, and accept	
<ol> <li>the above named entity submits this statement the obligations of registered agent.</li> </ol>	for the purpose of ortaliging to re-	<b>5</b>		
SIGNATURE Signature, typed or printed name of registered ago	int and title if applicable. (NOTE: R	egistered Agent signature require	d when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
Make Check Payable to Florida Department	of State   ID DIRECTORS	The state of the state of	was a regular of the same of t	_
TITLE PLYAS, Seyid  STHEET ADDRESS 2062 Polo Gar		TITLE  NAME  STREET ADDRESS  CITY-ST: 2DF		34B (12/02)
CITY-ST-ZIP Wellington +	21, 33919	NAME.		CR2E034B
STREET ADDRESS  CITY-ST-ZIP		CITY ST-ZP		
TITLE NAME STREET ADDRESS		NAME STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP		TITLE -	IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP		STACET ADDRESS		
TITLE NAME STREET ADDRESS		CTILE  THAME STREET ADDRESS  A A  CITY ST-ZIP		
TITLE NAME STREET ADDRESS	4,1	AMME STREET ADDRESS CITY_ST_78		
In the corporation of the corporation of the corporation of the receiver of trustee.    CITY-ST-ZIP	Ciliboarcied to excepte this refer	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or on an	

SIGNATURE: Secrid Salih Igas Illy	4/9/o3	561-4189038 Daytine Phone #
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