FILED
Jul 01, 2002 8:00 am
Secretary of State
07-01-2002 90354 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089282

1. Entity Name

UNOPLANET, INC

DO NOT WRITE IN THIS SPACE

B0126378

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
220 Lookout Place	P.O. Box 941193
Suite, Apt. #, etc. 100	Suite, Apt. #, etc.
City & State Maitland, FL	City & State Maitland, FL
Zip 32751 Country USA	Zip 32794 Country USA

4. FEI Number 59-3724900 — x Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mehmet Avcioglu

Street Address (P.O. Box Number is Not Acceptable): 220 Lookout Place

Suite 100

City: Maitland FL Zip Code: 32751

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 _____ 04/19/2002

Signature, type or print 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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Mehmet Avcioglu
STREET ADDRESS	220 Lookout Place Suite 100
CITY-ST-ZIP	Maitland, FL 32751
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/19/2002 407-540-9334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #