FILED

02 MAY 29 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

800005754448--0
-06/11/02--01102--013
****900.00 ****900.00

DOCUMENT # P00000102727

1. Entity Name

MTM TRANSWORLD INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16300 NE 19th AVE	20775 NE 34 place
Suite, Apt. #, etc.: STE B	Suite, Apt. #, etc.: 1
City & State: N. MIAMI BEACH - FL	City & State: AVENTURA - FLORIDA
Zip: 33162 Country: USA	Zip: 33180 Country: USA

4. FEI Number ☐ 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: Tolga Onsipahioglu

Street Address (P.O. Box Number is Not Acceptable): 20775 NE 31st place

City: Aventura FL Zip Code: 33180

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: Tolga Onsipahioglu (Signature, type or printed name of registered agent and title if applicable) (Name of Registered Agent (signature required when reinstating)) 26/MARCH/2002. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Tolga Onsipahioglu 20775 NE 31st Place AVENTURA-FLORIDA 33180	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT. MUSTAFA ONSIPAHIOGLU 20775 NE 31st place Aventura FL - 33180	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MURAT ÖZKAN 20775 NE 31 st PLACE Aventura - FL 33180	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / 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: TOLGA ÖNSIPAHIOĞLU 26/MARCH/02 305-773-44-76 305-937-49-74
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 6/10/02