2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Jun 11, 2002 8:00 am Secretary of State P01000006814 DOCUMENT # 1. Entity Name 06-11-2002 90396 040 ***550.00 TASKIN & ASSOCIATES, INC. Principal Place of Business Mailing Address C/O YILMAZ TASKIN P.E. C/O YILMAZ TASKIN P.E. 6666 SW 115TH CT #405 6666 SW 115TH CT #405 **MIAMI FL 33173** MIAMI FL 33173 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Applied For 4. FEI Number City & State City & State *65-1070585* Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YILMAZ TASKIN SINGER, DAVID H ESQ. Street Address (P.O. Box Number is Not Acceptable) 4666 SW115 CT ##405 13320 SW 128TH ST MIAMI FL 33186 Zip Code 33/73 City MIAMI urpose of changing its registered office or registered agent, or both, in the State of Florida ity submits this statement for the i 8. The above named en TASKIN, PRESIDENT SIGNATUR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE TASKIN, YILMAZ NAME NAME STREET ADDRESS 6666 SW 115TH CT #405 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 provided empowered to secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

YILMAZTASKIN, PRESIDENT JUNE 5, 2002

FILED