

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-12-2002 90002 024 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000023387**

1. Entity Name

ARTINI-ZAK CORPORATION, INC.

Principal Place of Business

1001 W NEWPORT CENTER DRIVE #112
DEERFIELD BEACH FL 33442

Mailing Address

1001 W NEWPORT CENTER DRIVE #112
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7682 N. FEDERAL HYW

Suite, Apt. #, etc.

4

City & State

BOCA RATON FL

Zip

33487

Country

U.S.A

3. Mailing Address

7682 N. FEDERAL HYW

Suite, Apt. #, etc.

4

City & State

BOCA RATON FL

Zip

33487

Country

U.S.A

4. FSI Number

65-1092837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

WARM, STEVEN ESO

2101 CORPORATE BLVD STE 215

BOCA CORPORATE CENTER

BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 fee 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, 2002 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	D	☐ Delete
NAME	ASINMAZ, ARTHUR	
STREET ADDRESS	1001 W NEWPORT CENTER DRIVE #112	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	D	☐ Delete
NAME	KIVROGLU, SAHAK	
STREET ADDRESS	1001 W NEWPORT CENTER DRIVE #112	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

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	ARTHUR, ASINMAZ	
STREET ADDRESS	7682 NORTH FEDERAL HYW SUITE #4	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE		☐ Change ☐ Addition
NAME	SAHAK KIVIROGLU	
STREET ADDRESS	7682 NORTH FEDERAL HYW SUITE #4	
CITY-ST-ZIP	BOCA RATON FL, 33487	

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

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

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 7/02 (561) 999-9007

Date

Daytime Phone #

CR2034 (9/01)