

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90433 044 ***150.00

DOCUMENT # P01000102364

1. Entity Name

IKO FINANCE, INC. ✓

DO NOT WRITE IN THIS SPACE

670957

2. Principal Place of Business

9954 BURGUNDY BAY

3. Mailing Address

SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL 32817.

City & State

4. FEI Number

59-375 0693

Applied For

Not Applicable

Zip

32817

Country

USA

Zip

Country

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

OMER TUYSUZ.

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

9954 BURGUNDY BAY

City

ORLANDO

FL

Zip Code

32817-

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

 OMER TUYSUZ. SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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
ISMAIL TUYSUZ.
9954 BURGUNDY BAY
ORLANDO FL 32817

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
OMER TUYSUZ.
9954 BURGUNDY BAY.
ORLANDO FL 32817.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER
KAGAN BEYAZ.
9954 BURGUNDY BAY.
ORLANDO FL 32817

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

 ISMAIL TUYSUZ. OWNER

Date

04/30/02 4073990804

Daytime Phone #