

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000034927**

1. Entity Name  
F.S.R. FLORIDA HOSPITALITY EDUCATION AND TRAININ  
G INC.



Principal Place of Business  
P.O. BOX 222232  
HOLLYWOOD FL 33022

Mailing Address  
P.O. BOX 222232  
HOLLYWOOD FL 33022

2. Principal Place of Business  
**460 South Park**  
Suite, Apt. #, etc.  
**Road # 201**  
City & State  
**Hollywood FL**  
Zip **33021** Country **U.S.A** Zip **33022** Country

3. Mailing Address  
**P.O. Box 222232**  
Suite, Apt. #, etc.  
**Hollywood**

4. FEI Number **01-0676638** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KADIROGULLARI, SEDAT  
1958 MONROE ST #308  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

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

City

**FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

Owner Sedat Kadirogullari

PSR

Florida Hospitality Education and Training Inc.

FL 33021-2222, 954-961-0685

**4-26-2003**

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** Delete  
NAME **KADIROGULLARI, SEDAT**  
STREET ADDRESS **1958 MONROE STREET #308**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** Delete  
NAME **QURROGULLARI, M. RICHARD**  
STREET ADDRESS **2947 TEUT STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **460 South Park #1**  Change  Addition  
NAME **# 201 Hollywood FL 33021**

TITLE   Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sedat Kadirogullari*

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Owner Sedat Kadirogullari

FL 33021-2222, 954-961-0685

**4-26-2003**

**954-961-0685**

Date

Daytime Phone #

0103838  
AV

CR2E034 (10/02)