

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90140 012 ***150.00

DOCUMENT # P02000081837

1. Entity Name
MURAT, INC.



Principal Place of Business
5660 SW 3RD PL #117
MARGATE FL 33068

Mailing Address
5660 SW 3RD PL #117
MARGATE FL 33068



2. Principal Place of Business
5660 SW 3rd PL

3. Mailing Address
5660 SW 3rd PL

Suite, Apt. #, etc.
117

Suite, Apt. #, etc.
117

☐ CHECK HERE IF MAKING CHANGES

City & State
Margate FL

City & State
Margate FL

4. FEI Number
43-1969272

Applied For
☐ Not Applicable

Zip
33068

Country
Broward

Zip
33068

Country
Broward

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUTUKOGLU, ISMAIL
5660 SW 3RD PL #117
MARGATE FL 33068

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
KUTUKOGLU, ISMAIL
STREET ADDRESS
5660 SW 3RD PL #117
CITY-ST-ZIP
MARGATE FL 33068

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ismail Kutukoglu 2/7/03 954-590-2748

Date

Daytime Phone #

CR2E034 (10/02)