
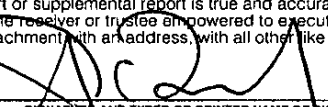


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-24-2005 90054 022 \*\*\*150.00

<b>DOCUMENT # P04000073156</b> 1. Entity Name <b>CEVAT VURAL, P.A.</b>					
Principal Place of Business <b>2825 N. UNIVERSITY DRIVE SUITE 225 CORAL SPRINGS, FL 33065</b>			Mailing Address <b>2825 N. UNIVERSITY DRIVE SUITE 225 CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>VURAL, CEVAT A 2825 N. UNIVERSITY DRIVE SUITE 225 CORAL SPRINGS, FL 33065</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VURAL, CEVAT A 2825 N. UNIVERSITY DRIVE, SUITE 225 CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
<b>SIGNATURE:</b> 			<b>08/15/05</b> <b>954-234-0409</b> <small>Date      Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50063079**



08182005    Chg-P    CR2E034 (10/03)

4. FEI Number **56-2464049**    Applied For  
Not Applicable

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

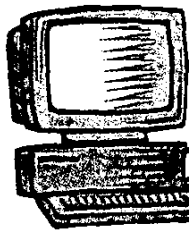
ATTACHMENT  
50063079  
# 004000073156

### IMPORTANT NOTICE

This will serve as your 60 days notice that the business entity listed on this postcard will be administratively dissolved/revoked and an additional reinstatement fee will be due if the annual report is not properly filed and the appropriate fee paid by September 7, 2005.

Visit our website at [www.sunbiz.org](http://www.sunbiz.org) for fee information.

#### OPTION 1 - **File Online** - Processed within 24-48 hours!



- Visit [www.sunbiz.org](http://www.sunbiz.org) and click icon to file annual report online.
- Available 24 hours a day, 7 days a week.
- Mastercard, Visa or American Express accepted.

#### OPTION 2 - **Download form** Processed within 7-10 days of receipt.

- Visit [www.sunbiz.org](http://www.sunbiz.org) and click icon to download preprinted form.
- Submit form with check or money order.

Visit your local public library for free Internet access and assistance.



PLACE  
PROPER  
POSTAGE  
HERE  
BEFORE  
MAILING

TO:

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198



ATTACHMENT

50063079

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## NOTICE OF INTENT TO DISSOLVE

0072554 01 AV 0.176 \*\*AUTO T9 0 1203 33065-144250



CEVAT VURAL, P.A.  
2825 N. UNIVERSITY DRIVE  
SUITE 225  
CORAL SPRINGS FL 33065-1442

**OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

P04000073158

CEVAT VURAL, P.A.  
2825 N. UNIVERSITY DRIVE  
SUITE 225  
CORAL SPRINGS FL 33065-1442



CR2E095-2nd 03/05

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.