

2000 UNIFORM BUSINESS REPORT (UBR)

4/1/2000 10:00 AM

DOCUMENT # P95000043297

1. Entity Name

EROL NECLA CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

04-23-2000 90009 020 ***150.00

Principal Place of Business

913 NE 17 ST
APT #1
FORT LAUDERDALE FL 33305
US

Mailing Address

913 NE 17TH ST
APT #1
FORT LAUDERDALE FL 33305-3143
US

2. Principal Place of Business

913 NE 17 ST

Suite, Apt. #, etc.

APT #1

City & State

FORT LAUDERDALE, FL

Zip

33305

Country

3. Mailing Address

913 NE 17 ST

Suite, Apt. #, etc.

APT #1

City & State

FORT LAUDERDALE, FL

Zip

33305

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0586916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, ANDREW L
4300 U. UNIVERSITY DR
SUITE C-203
FT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name YALIM NECLA

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

913 NE 17TH ST. APT. #1

City FORT LAUDERDALE

FL

Zip Code

33305

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

Necla Yalim NECLA YALIM

May 15, 2000

Signature, typed or printed name of registered agent and title 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, 2000 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	PVTD	<input checked="" type="checkbox"/> Delete
NAME	YALIM, NECLA	
STREET ADDRESS	913 NE 17TH ST #1	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	PVTD	<input type="checkbox"/> Delete
NAME	YALIM NECLA	
STREET ADDRESS	913 NE 17TH ST #1	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YALIM EROL	
STREET ADDRESS	913 NE 17TH ST #1	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YALIM NECLA	
STREET ADDRESS	913 NE 17TH ST #1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YALIM EROL	
STREET ADDRESS	913 NE 17TH ST. #1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Necla Yalim

April 16, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)