

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90081 015 ***150.00

DOCUMENT # P9500061711 ✓
1. Entity Name
MUREKS INTERNATIONAL TRADE INC.

Principal Place of Business **Mailing Address**
4900 RIO VISTA AVE **4900 RIO VISTA AVE**
TAMPA, FL 33634 **TAMPA, FL 33634**

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**
Zip **Country** **Zip** **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3329677** **Applied For**
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOGAN, TARKAN
4900 RIO VISTA AVE
TAMPA, FL 33634

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.

SIGNATURE **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	0	☐ Delete
NAME	DOGAN, TARKAN	
STREET ADDRESS	4606 DUNNIE DRIVE	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	0	☐ Delete
NAME	CINAROGLU, TUNGA	
STREET ADDRESS	4610 WHISPERING PARK LANE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-00
Date

813-249-5800
Daytime Phone #

CR2E034 (9/99)