

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90165 004 ***150.00

DOCUMENT # P95000061711



1. Entity Name
MUREKS INTERNATIONAL TRADE INC.

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

Mailing Address
**4900 RIO VISTA AVE
TAMPA FL 33634**

2. Principal Place of Business

6800 BENJAMIN RD

Suite, Apt. #, etc.

3. Mailing Address

6800 BENJAMIN RD

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **59-3329677**

Applied For
Not Applicable

Zip
33634

Country

Zip
33634

Country

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

**DOGAN, TARKAN
4900 RIO VISTA AVE
TAMPA FL 33634**

Name

DOGAN, TARKAN

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

6800 BENJAMIN RD

City

TAMPA

FL

Zip Code

33634

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-18-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **0** ☐ Delete
NAME **DOGAN, TARKAN**
STREET ADDRESS **4606 DUNNIE DRIVE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **0** ☐ Delete
NAME **CINAROGLU, TUNGA**
STREET ADDRESS **4610 WHISPERING PARK LANE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

03-18-03

813-249-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)