2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070214

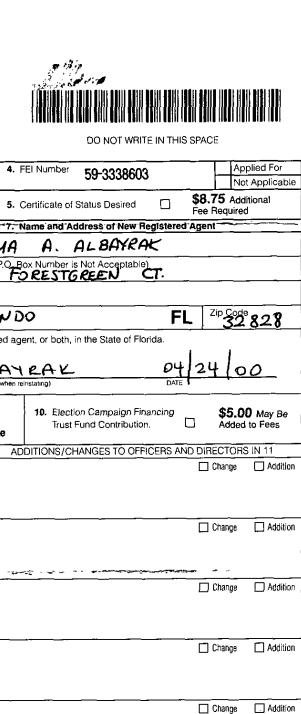
1. Entity Name

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Mailing Address Principal Place of Business 620 FORESTGREEN CT FORESTGREEN CT CC FL 32828 ORLANDO FL 32828-8157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90066 015 ***150.00



Zip Zip Country 6. Name and Address of Current Registered Agent FATMA WOLFE, LARRY Street Address (P.O. Box Number is Not Acceptable)
620 FORESTGREEN CT. 200 - A JOHN KNOX RD. TALLAHASSEE FL 32303-6643 ORLAN DO 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11.

☐ Delete TITLE ALBAYRAK, ALI H NAME **620 FORESTGREEN CT** STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 at paner like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR