Incorpat Place of Business       Mailing Address         D EXF FLACER ST MAR F. 3331       No.DKS FLACER STREET MAR F. 3331         IN PROJEKT ST MAR F. 3331       No.Milling Address         D. And FLACER ST MAR F. 3331       Suite Address         D. And FLACER ST MAR F. 3331       Do NOT WHITE IN THIS SPACE         Day State       Clavarity         Zap       Country         Zap       Country         State Address of New Flagitaterid Agent Transformer Address of Current Registerid Agent Transformer Address of Current Registerid Agent Transformer Address of Current Registerid Agent Transformer Address of New Flagitaterid Agent Transformer Address Transformer Address of New Flagitaterid Transformer Transformer Address of New Flagitaterid Agent Transformer Address Transformer				<u>ркт (</u>	UBR)		F Jun 05, 2 Secreta 06-05-2000		8:0 f Sta		
Aux PL 20131       AuxAU PL 20131/1120         S       Principus Place of Businesse       1. Mailing Address         Svite, Apr. R. ele       Suite, Apr. R. ele       Do NOT WRITE IN THIS SPACE         City & State       Off & State       4. PEL Number       Do NOT WRITE IN THIS SPACE         City & State       Off & State       4. PEL Number       Country       S. Centration of State Dosined       \$8,75 Addressed         City & State       Country       S. Centration of State Dosined       \$8,75 Addressed       \$8,75 Addressed         CUPBUZ, UNIT       Tissass S.W. 61ST TERRACE       Street Address of New Registered Agent       7. Name and Address of New Registered Agent       Street Address of New Registered Agent       PL         The acove named antity submits this statement for the purpose of changing its equilatered on registered agent of Information       State Address of New Registered Agent       State Address of New Registered Agent         The acove named antity submits this statement for the purpose of changing its equilatered agent of Information       Name Registered agent of Information       State Tores         The acove named antity submits this statement for the purpose of Changing Financing       DotE       DotE       DotE         The acove named antity submits this statement for the purpose of Changing Financing       DotE       DotE       DotE         Thacoveration to thad)       Defended	Principal Plac	e of Business	Mailing Address				00 05 2000	20050 05	1 550		
Suite, Apl. 4, etc.         Suite, Apl. 4, etc.         Do Not Write IN this SPACE           City & State         City & State         City & State         Applied For Applied For Exc. Application         Applied For Exc. Appl	140 EAST FLAGLER ST MIAMI FL 33131 JS		MIAMI FL 33131-1130								
Chy & State       City & State       4. PEI Number       Applied PV         Zip       Country       Zip       Country       State Desired       State Desired       State Desired       State State Desired State Desired       State Desired	2. Principal P	lace of Business	3. Mailing Address								
Zip     Country     Zip     Country     S. Gurificute of Status Desired     Status Desired     S. Gurificute of Status Desired     Status Desired<	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS SF	ACE		
Zip       Country       Zip       Country       s. Certificate of Status Desired       98.75 Additional Fee Regulated         6. Name and Address of Current Registered Agent       7. Mame and Address of New Registered Agent       7. Mame and Address of New Registered Agent         GURBUZ, UMIT 15635 S.W. 615T TERRACE MIAMI FL 33193       Name and Address of New Registered Agent       7. Mame and Address of New Registered Agent         City       FL       Zip Code         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.       The Cooperation is eligible to satisfy its intrangionit failing requirement and leads to a o (See officing on back)       DMs         CMATURE Example frame on testing to satisfy its intrangionit first first requirement and leads to a o (See officing on back)       FILE MOWITI FEELS S160.00 Make Check Payable to Department of State       10. Exampling First-Orig Trust Fund Contribution.       \$5.00 May Be Added to Pees Added to Pees New Contribution.       \$5.00 May Be Added to Pees New Contribution.       Change       Addition New Contribution.         10	City & State	e	City & State			4. F	El Number 65-0707982		·	·	
GURBUZ, UMIT 15635 S.W. 61ST TERRACE MAMI FL 33193       Name       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Diff         Diff       Diff<	Zip	Country	Zip	Country	/	5. (	Certificate of Status Desired		8.75 Add	litional	
GURBUZ, UMIT 15635 S.W. 615T TERRACE MAMI FL 33193       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Rowing Code       Zip Code         City       FL       Rowing Code       Zip Code         City       FL       Rowing Code       Zip Code         City       FL       Code       Zip Code       Zip Code         City       FL       Code       Zip Code       Zip Code		6. Name and Address of Current	Registered Agent	L	Name	7. N	Name and Address of New Re				
MANI FL 33193  City FL Zip Code  Zip Code Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip				-		ess (P.O. B	ox Number is Not Acceptable)				
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Change in the statement for the purpose of changing its registered agent, or both, in the State of Florida.  Construct the statement of the purpose of changing its registered agent, or both, in the State of Florida.  Construct the statement of the purpose of changing its registered agent, or both, in the State of Florida.  Construct the statement of the purpose of changing its registered agent, or both, in the State of Florida.  Construct the statement of the purpose of changing its registered agent, or both, in the State of Florida.  Construct the statement of the purpose of the purpose of the purpose of the statement of State  Construct the statement of the purpose of the purpose of the purpose of the statement of State  Construct the statement of the purpose of the purpose of the purpose of the purpose of the statement of State  Construct the statement of the purpose of the purp											
IGNATURE       Instrume typed or printed name of registered agent and tile if significative       OPTE: flog island: Agent signification registered agent and tile if signification       DPTE         P. This corporation is eligible to satisfy its intrangible Tax fling requirement and elects to do so.       After MAY 1, 2000 Fee will be \$550.00       10. Election Campaign Financing       \$5.00 May 5e.         Added to Fees       Make Check Payable to Department of State       10. Election Campaign Financing       \$5.00 May 5e.         Added to Fees       Make Check Payable to Department of State       10. Election Campaign Financing       \$5.00 May 5e.         Added to Fees       Make Check Payable to Department of State       10. Election Campaign Financing       \$5.00 May 5e.         Added to Fees       Make Check Payable to Department of State       10. Election Campaign Financing       \$5.00 May 5e.         Addition       Make May 5e.       Addition       11.       Change       Addition         Inter Jones       Defete       Title       Change       Addition         WHE MADE       Change       Title       Change       Addition         Inter Jones       Color (Mail & Color 267 FIFTH AVE #1112       Make       Strest Address       Color (Mail & Color 267 FIFTH AVE #1112       Change       Addition         Inter Jones       CO Links & Color 267 FIFTH AVE #1112       Inter Jones					City	FL Zip Cov			Zip Code	de	
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ILE       D       Delete       ITILE       Addition         INE       VILMAZ, ERBIL       C/O ILINGI & CO 267 FIFTH AVE #1112       ITILE       NAME         INFRET-ADDRESS       NEW YORK NY 10016       CITY-ST-2IP       Versite Street ADDRESS       Versite Street ADDRESS         ITILE -       D       D       Delete       TITLE       NAME       STREET ADDRESS       Versite Street Stree	11. TITLE NAME STREET ADDRESS	D ARAS, IRFAN 18 MIDWOOD DRIVE		TITLE NAME STREET		AĎ	DITIONS/CHANGES TO OFFIC				
TILE       Delete       TITLE       NAME         AVBERK, SERDAR       STREET ADDRESS       STREET ADDRESS         REET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         NEW YORK NY 10025       Delete       TITLE         NAME       Delete       TITLE         NAME       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         ITY-ST-ZIP       Delete       TITLE         NAME       STREET ADDRESS       STREET ADDRESS         ITY-ST-ZIP       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TILE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TILE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TILE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TIX-ST-ZIP       CITY-ST-ZIP       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         STREET ADDRESS <t< td=""><td>ITTLE IAME STREET ADDRESS CITY-ST-ZIP</td><td>D Yilmaz, Erbil C/O Ilingi &amp; Co 267 Fifth A</td><td></td><td>TITLE NAME STREET</td><td></td><td>-5 W</td><td>sest 105th 5</td><td></td><td></td><td>Addition</td></t<>	ITTLE IAME STREET ADDRESS CITY-ST-ZIP	D Yilmaz, Erbil C/O Ilingi & Co 267 Fifth A		TITLE NAME STREET		-5 W	sest 105th 5			Addition	
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AME TREET ADDRESS ITY-ST-ZIP 3. 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 12 if	ITLE IAME TREET ADDRESS ITY-ST-Z!P		Delete	NAME STREET					Change	Addition	
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