

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90077 020 \*\*\*150.00

**DOCUMENT # P97000012187**

1. Entity Name

FATIH OF MIAMI BEACH, INCORPORATED



Principal Place of Business

1881 WASHINGTON AVE.  
 APT. 6B  
 MIAMI BEACH FL 33134

Mailing Address

1881 WASHINGTON AVE.  
 APT. 6B  
 MIAMI BEACH FL 33134

2. Principal Place of Business

2024 Collins Ave.  
 Suite, Apt. #, etc.

3. Mailing Address

2024 Collins Ave.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 MIAMI BEACH, FL

City & State  
 MIAMI BEACH, FL

4. FEI Number 65-0733796

Applied For  
 Not Applicable

Zip 33139

Country

Zip 33139

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REFIK, CEVIK  
 1881 WASHINGTON AVE.  
 APT. 6B  
 MIAMI BEACH FL 33134

7. Name and Address of New Registered Agent

Name PILA, TOMAS A. ESQ.  
 Street Address (P.O. Box Number is Not Acceptable) 2525 SW THIRD AVE.  
 SUITE 304  
 City MIAMI FL Zip Code 33129

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 TOMAS A. PILA 3/28/2002  
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REFIK, CEVIK 1881 WASHINGTON AVE. MIAMI BEACH FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SEZGIN, GURSEL 2024 COLLINS AVE MIAMI BEACH, FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2002

Date Daytime Phone #

CR2E034 (9/01)