

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036540

1. Entity Name

BOUSA INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90437 005 ***158.75

Principal Place of Business

4770 BISCAYNE BLVD.
SUITE 760
MIAMI FL 33137

Mailing Address

4770 BISCAYNE BLVD.
SUITE 760
MIAMI FL 33137-3244

2. Principal Place of Business

75 Valencia Avenue

Suite, Apt. #, etc.

4th Floor

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Address

75 Valencia Avenue

Suite, Apt. #, etc.

4th Floor

City & State

Coral Gables, Florida

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0745296

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NUH, AHMET ALPAY
4770 BISCAYNE BLVD.
SUITE 760
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Beatriz Gomez

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

75 Valencia Avenue

City

4th Floor
Coral Gables

FL

Zip Code

33134

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

Beatriz Gomez Beatriz Gomez

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

(NOTE: Registered Agent signature required when reinstating)

04/20/2000

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 PD
NAME MISIRLI, OKAN
STREET ADDRESS 4770 BISCAYNE BLVD STE 760
CITY-ST-ZIP MIAMI FL 33137

☐ Delete

TITLE V
NAME NUH, AHMET ALPAY
STREET ADDRESS 4770 BISCAYNE BLVD STE 760
CITY-ST-ZIP MIAMI FL 33137

☒ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Okon Misirli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/2000

Date

305 571 2644

Daytime Phone #

CR2E034 (9/99)