

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039886

1. Entity Name

MISUSA CORP.

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

3. Mailing Address

75 Valencia Avenue

75 Valencia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4th Floor

4th Floor

City & State

City & State

Coral Gables, Florida

Coral Gables, Florida

Zip

Country

Zip

Country

33134

USA

33134

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Beatriz Gomez

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

75 Valencia Avenue

4th Floor

City

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

04/20/2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	MISIRLI, OKAN	NAME	
STREET ADDRESS	4770 BISCAYNE BLVD STE 760	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	TITLE	
NAME	NUH AHMET, ALPAY	NAME	
STREET ADDRESS	4770 BISCAYNE BLVD STE 760	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/2000

Date

Daytime Phone #

305 571 2444

CR2E034 (9/99)