

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90015 017 ***158.75

DOCUMENT # P97000039886 ✓

1. Entity Name

MISUSA CORP.

Principal Place of Business	Mailing Address
75 Valencia Avenue 4th Floor Coral Gables, FL 33134 USA	123 SE 3rd Ave. #105 Miami, FL 33131

2. Principal Place of Business	3. Mailing Address
2100 Ponce DeLeon	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 600	

City & State	City & State
Coral Gables, FL	

Zip	Country	Zip	Country
33134	USA		

4. FEI Number	Applied For
65-0749131	Not Applicable

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

DO NOT WRITE IN THIS SPACE

80093684

6. Name and Address of Current Registered Agent

Beatriz Gomez
 75 Valencia Avenue
 4th Floor
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name	Beatriz Gomez
Street Address (P.O. Box Number is Not Acceptable)	2100 Ponce DeLeon
Suite	600
City	Coral Gables
State	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 4/23/2002
 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	PD	TITLE	
NAME	Misirli, Okan	NAME	
STREET ADDRESS	1455 Ocean Drive Unit 1501	STREET ADDRESS	
CITY - ST - ZIP	Miami Beach, FL 33131	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: Okan Misirli Okan Misirli 4/23/02 305 491 3741
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #