

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90969 034 ***158.75

DOCUMENT # P97000039886

1. Entity Name

MISUSA CORP. ✓

DO NOT WRITE IN THIS SPACE

80102966

2. Principal Place of Business

2100 Ponce De Leon

3. Mailing Address

123 SE 3rd Ave.

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

#105

City & State

Coral Gables, FL

City & State

Miami, FL

Zip

33134

Country

Zip

33131

Country

4. FEI Number

65-0749131

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Beatriz Gomez

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

2100 Ponce De Leon

Suite 600

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

4/25/2003

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
Misirli, Okan
1455 Ocean Drive Unit 1501
Miami Beach, FL 33139

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Okan Misirli Okan Misirli

Date

4/25/03

Daytime Phone #

305 491 3741

CR2E034B (12/01)