

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90345 008 ***150.00

DOCUMENT # P97000079603

1. Entity Name

MOTOR CAR CONCEPTS II, INC.

Principal Place of Business

Mailing Address

**302 S KIRKMAN RD
 ORLANDO FL 32811
 US**

**302 S KIRKMAN RD
 ORLANDO FL 32811
 US**

658993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3468462

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OZDEMIR, HAKAN
 6312 HIDDENDALE AVE
 ORLANDO FL 32819**

Name

OZDEMIR, HAKAN

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

12006 REBECCA'S RUN DR

City

WINTER GARDEN

FL

Zip Code

34787

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

Signature of officer, director, or other person of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-18-01

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, 2001 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 **P** ☐ Delete
 NAME **OZDEMIR, HAKAN**
 STREET ADDRESS **1508 HIGH GROVE WAY**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **OZKAN, SERHAT**
 STREET ADDRESS **1617 S. KIRKMAN RD. APT. 1301**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-01

Date

4072983133

Daytime Phone #

CR2E034 (10/00)