

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90049 034 \*\*\*150.00

**DOCUMENT # P98000014096**

1. Entity Name  
**CNY CLOTHING COMPANY, INC.**



Principal Place of Business  
**710 WASHINGTON AVENUE  
11  
MIAMI BEACH FL 33139**

Mailing Address  
**710 WASHINGTON AVENUE  
11  
MIAMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0812511**

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

**YANPAR, MURAT N  
7601 EAST TREASURE DRIVE  
#1809  
NORTH BAY VILLAGE FL 33141**

Name **Murat N. Yanpar**  
Street Address (P.O. Box Number is Not Acceptable) **19960 NE 5th Court**  
City **Miami** FL Zip **33179**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **03/05/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **YANPAR, MURAT N**  
STREET ADDRESS **7601 EAST TREASURE DRIVE #1809**  
CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE **P** ☐ Change ☐ Addition  
NAME **Murat N. Yanpar**  
STREET ADDRESS **19960 NE 5th Court**  
CITY-ST-ZIP **Miami, FL 33179**

TITLE **P** ☐ Delete  
NAME **YANPAR, MURAT N**  
STREET ADDRESS **777 NE 62ND ST. #C305**  
CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **03/05/03** 305 575 0979  
Daytime Phone #

CR2E034 (10/02)