

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90191 039 ***158.75

DOCUMENT # P98000048590

1. Entity Name

HAKAN FINANCE CORPORATION

Principal Place of Business

9954 BURGUNDY BAY
ORLANDO FL 32817

Mailing Address

9954 BURGUNDY BAY
ORLANDO FL 32817

2. Principal Place of Business

7170 E COLONIAL DR.

3. Mailing Address

7170 E COLONIAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO 3 FL

City & State

ORLANDO 3 FL

Zip

32807

Country

USA

Zip

32807

Country

USA

4. FEI Number

59-3514690
59-363 2266

Applied For

Not Applicable

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

TUYSUZ, ISMAIL
9954 BURGUNDY BAY
ORLANDO FL 32857

Name

TUYSUZ ISMAIL

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

9954 BURGUNDY BAY

City

ORLANDO

FL

Zip Code

32817

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, typed or printed name of registered agent and title if applicable

PRESIDENT/DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

DATE

04/16/019. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TUYSUZ, ISMAIL**
STREET ADDRESS **9954 BURGUNDY BAY**
CITY-ST-ZIP **ORLANDO FL 32817**TITLE **VPD** ☒ Delete
NAME **OZTURK, TALIP**
STREET ADDRESS **9920 KONA ISLE CT.**
CITY-ST-ZIP **ORLANDO FL 32817**TITLE **SD** ☒ Delete
NAME **CAKIR, FATMA**
STREET ADDRESS **9920 KONA ISLE COURT**
CITY-ST-ZIP **ORLANDO FL 32817**TITLE **TD** ☒ Delete
NAME **DEMIRCI, HAKAN**
STREET ADDRESS **9920 KONA ISLE CT.**
CITY-ST-ZIP **ORLANDO FL 32817**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☒ Change ☐ Addition
NAME **OZTURK HARUN**
STREET ADDRESS **9903 KONA ISLE CT**
CITY-ST-ZIP **ORLANDO FL 32817**TITLE **TD** ☒ Change ☐ Addition
NAME **TUYSUZ OMER**
STREET ADDRESS **9954 BURGUNDY BAY**
CITY-ST-ZIP **ORLANDO FL 32817**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

ISMAIL TUYSUZ

Date

04/16/01

Daytime Phone #

4073814015

CR2E034 (10/00)