

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91844 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000048590

1. Entity Name
HAKAN FINANCE CORPORATION



Principal Place of Business
7170 E COLONIAL DRIVE
ORLANDO, FL 32807

Mailing Address
7170 E COLONIAL DRIVE
ORLANDO, FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3632266

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TUYSUZ, OMER
9954 BURGUNDY BAY
ORLANDO, FL 32817**

7. Name and Address of New Registered Agent

Name **ISMAIL TUYSUZ**

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

SIGNATURE

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

ISMAIL TUYSUZ, PRESIDENT

DATE

4/29/03

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

TITLE **P** ☐ Delete

NAME **TUYSUZ, ISMAIL**
STREET ADDRESS **9954 BURGUNDY BAY**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **T** ☒ Delete

NAME **TUYSUZ, OMER**
STREET ADDRESS **9954 BURGUNDY BAY**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **S** ☒ Delete

NAME **TUYSUZ, ADEM**
STREET ADDRESS **9954 BURGUNDY BAY**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
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NAME
STREET ADDRESS
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 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 10 or Block 11 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, PRESIDENT

Date

Daytime Phone #

4/29/03 407-381-7020

CR2E034 (10/02)

90129727



☒ CHECK HERE IF MAKING CHANGES