

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000067877

1. Entity Name

RUYA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6252-COMMERCIAL WAY
Suite, Apt. #, etc.

PMB - 109

City & State

WEEKI WACHEE FL
Zip Country

34-613 U.S.A

3. Mailing Address

6252-COMMERCIAL WAY
Suite, Apt. #, etc.

PMB - 109

City & State

WEEKI WACHEE FL
Zip Country

34-613 U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number

593526121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ISMAIL GENCER

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

3205 E. PIERCE ST.

City

INVERNESS

FL

Zip Code

34453

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 *M. M. Gencer* ISMAIL GENCER - SECRETARY 4/10/02
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
D. GENCER HAYAT
SEN SOKAK NO= 12 D. 9
GÖZTEPE - ISTANBUL
TURKEY 81060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S GENCER ISMAIL
SEN SOKAK NO= 12 - D. 9
GÖZTEPE - ISTANBUL
TURKEY 81060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

H. Gencer HAYAT GENCER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 352-634-3122
Date Daytime Phone

CR2E034B (12/01)