

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90781 019 ***150.00

DOCUMENT # P98000071340

1. Entity Name

Zeybek, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10160 W. Oakland Pk Blvd

Suite, Apt. #, etc.

3. Mailing Address

10160 W. Oakland Pk Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number

65-0859328

Applied For

Not Applicable

Zip
33351

Country
USA

Zip
33351

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John L. Tomlinson

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

500 NW 62nd Street, Ste 455

City

Fort Lauderdale

FL

Zip Code

33309

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

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
PD	Bekir Gesoglu	1852 NW 94th Ave	Plantation, FL 33322

**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)(b), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bekir Gesolgu 4/1/02 954 771 9336

Date

Daytime Phone #

CR2E034B (12/01)