

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 20 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000024449

1. Corporation Name

MARSANDIZ, INC

Principal Place of Business

Mailing Address

C/O DONALD KAHN, ESQ.
GREEN, KAHN PIOTRKOWSKI, P.A.
317 71ST STREET
MIAMI BEACH, FL 33141

2. Principal Place of Business

2a. Mailing Address

26 317 71ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

27 City & State

28 MIAMI BEACH, FL

Zip

Country

29 Zip

Country

30 33141

3. Date Incorporated or Qualified

MARCH 16, 1999

4. FEI Number

65-0907985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONALD J. KAHN, ESQ.
GREEN, KAHN, & PIOTRKOWSKI, P.A.
317 71ST STREET
MIAMI BEACH, FL 33141

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME MEHMET KORAL SARITAS

STREET ADDRESS C/O DONALD KAHN, 317 71ST STREET

CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE VICE PRESIDENT ☐ DELETE

NAME KADRI ONEL

STREET ADDRESS C/O DONALD KAHN, 317 71ST STREET

CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE SECRETARY ☐ DELETE

NAME SAHAP TANJU ARIKAN

STREET ADDRESS C/O DONALD KAHN, 317 71ST STREET

CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE TREASURER ☐ DELETE

NAME OMER RIZA CAM

STREET ADDRESS C/O DONALD KAHN, 317 71ST STREET

CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

200003203892-7

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****150.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

3-16-00