2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000028847 Mar 20, 2000 8:00 am 1. Entity Name Secretary of State FEYZA, INC. 03-20-2000 90119 001 ***150.00 Principal Place of Business Mailing Address 2208 SW 64 WAY 2208 SW 64 WAY **BOCA RATON FL 33428** BOCA RATON FL 33428 2. Principal Place of Business 3. Mailing Address 1:19850 Sandalfoot Blvd 9500 SW 3rd Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Apt. 217 #107 City & State City & State 4. FEI Number Applied For <u>65-</u>0854029 Boca Raton, FL.33428 Not Applicable FL 33428 Boca Raton Zip Country \$8.75 Additional 5. Certificate of Status Desired 33428 33428 Palm Bch Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AKBAS, SUZANNE Street Address (P.O. Box Number is Not Acceptable) 5930 CITRINE COURT **BOYNTON BEACH FL 33437** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE TITLE Delete DERINOGLU, MUKADDES NAME NAME STREET ADDRESS STREET ADDRESS 2208 SW 64 WAY 9500 SW 3rd St Apt.217 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** 33428 Boca Raton, FL. Change □ Addition DST ☐ Delete TITLE TITLE BALANOGLU. ZAFER NAME NAME STREET ADDRESS 2208 SW 64 WAY STREET ADDRESS CITY-ST-7P CITY-ST-ZIP **BOCA RATON FL 33428** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS THEFT ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition Delete TITLE NAME ___ *200533 STREET ADDRESS CITY-ST-ZIP ST-712 I hereby certify that the information supplied with this filling 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.

ATURE: Mukaddes Derinaglus Pres. Alkadog Dorino 3/13/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/2000
561 Daty Pres. 1/98