

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000038256

1. Entity Name
 MACBA, INC.

Principal Place of Business
 2539 S. BAYSHORE DR.,#319
 MIAMI FL 33133

Mailing Address
 2539 S. BAYSHORE DR.,#319
 MIAMI FL 33133

2. Principal Place of Business
 1020 NW 163 DRIVE

3. Mailing Address
 1020 NW 163 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI FL

City & State
 MIAMI FL

4. FEI Number
65-1009262
 Applied For
 Not Applicable

Zip Country
 33169

Zip Country
 33169

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARIKAN CELAL BERKIN
 2539 S. BAYSHORE DR.,#319
 MIAMI FL 33133

Name
 ARIKAN CELAL BERKIN
 Street Address (P.O. Box Number is Not Acceptable)
 1020 NW 163 DRIVE
 City MIAMI FL Zip Code 33169

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 **04/27/2001**
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GURBUZ UMIT	
STREET ADDRESS	2539 S BAYSHORE DRIVE, #319	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ATLI MURAT	
STREET ADDRESS	2539 S BAYSHORE DR, #319	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ARIKAN CELAL B	
STREET ADDRESS	2539 S BAYSHORE DRIVE, #319	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELAL BERKIN ARIKAN PT 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)