

**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  
33133

FL

## Mailing Address

2539 S. BAYSHORE DR., #319

MIAMI  
33133

FL

## 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 &amp; State

MIAMI

FL

## City &amp; State

MIAMI

FL

Zip  
33169

Country

Zip  
33169

Country

## 4. FEI Number

65-1009262

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

FL

## 7. Name and Address of New Registered Agent

## 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

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

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

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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