FILED
May 01, 2002 8:00 am
Secretary of State

04-07-2002 90068 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039652

1. Entity Name
AFERTECH, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

27068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
727 NE3rd Avenue	P.O. Box: 1153
Suite, Apt. #, etc. 200	Suite, Apt. #, etc.
City & State Fort Lauderdale, FL	City & State Dania Beach, FL
Zip 33304 Country USA	Zip 33004 Country USA

4. FEI Number 65-0915473 ☐ Applied For ☐ Not Applicable

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: Mehmet T. Ertan

Street Address (P.O. Box Number is Not Acceptable): 727 NE 3rd Avenue Suite: 200

City: Fort Lauderdale FL Zip Code: 33304

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] 04/22/2002

Signature and 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) ☐

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	President
NAME	Mehmet T. Ertan
STREET ADDRESS	727 NE 3rd Avenue Suite:200
CITY-ST-ZIP	Fort Lauderdale, FL 33304
TITLE	Vice President
NAME	Taner Ertan
STREET ADDRESS	727 NE 3rd Avenue Suite:200
CITY-ST-ZIP	Fort Lauderdale FL 33304
TITLE	
NAME	
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CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 03/25/2002 (954)523-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #