## 2001 uniform business report (ubr) FILED Feb 20, 2001 8:00 am DOCUMENT # **P99000070601 Secretary of State** PROFILE INVESTMENTS, INC. 02-20-2001 90042 049 \*\*\*150 00 Principal Place of Business Mailino Address 2. Principal Place of Business 3. Mailing Address 2409 N. Dixie Highway 2409 N. Dixie Highway Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For West Palm Beach, West Palm Beach, 65-0940163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33407 33407 Fee Required 6." Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Goldstone, Esq Richard PLATTER - WILLIAM & -Street Address (P.O. Box Number is Not Acceptable) 2400 West Cypress Creek -175-WEST GAMINO-REAL--BOCA-RATON-FL-33432 -Suite 100 City Fort Lauderdale 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 Richard Goldstone, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition P/T/S/D THTLE Delete DECE Ahmet Cengiz Fildisi NAME 2409 N. Dixie Highway STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP West Palm Beach, FL 33407 Change Addition ☐ Defete HILE TITLE NAME NAME Abraham Friedman STREET ADDRESS STREET ADDRESS 2409 N. Dixie Highway CDY-ST-ZIP CITY-ST-ZIF <u>West Palm Beach, FL 33407</u> Change ■ Addition THLE ☐ Delete Emre Uralli~ NAME 2409 N. Dixie Highway STREET ADDRESS STREET AUDRESS West Palm Beach, FL 33407 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIF Change Addition TITLE ☐ Delete THLE NAME MAME

13. Thereby 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 of 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 artificial statutes, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

) (U/U/(561) 802-3032