2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078902 1. Entity Name POPULARBIZ.COM, INC.

23003 SOUTH STATE ROAD 7

05-08-2000 90025 035 ***150.00 Mailing Address Principal Place of Business WEST BOCA PLAZA WEST BOCA PLAZA 23003 SOUTH STATE ROAD 7 **BOCA RATON FL 33428-5433 BOCA RATON FL 33428** 2. Principal Place of Business Mailing Address 3200 N. Federal Hwy. 3200 N. Federal Hwy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ***104** # 104 City & State 4. FEI Number Applied For City & State BOCA RATON RATION, FL. BOCA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3431 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KESKINER MCRAE, MITCHELL T 9620 CAROUSEL CIRCLE S. 9620 CAZOUSEL CIRCLE BOCA RATON FL 33434 ourpose of changing its registered office or registered agent, or both, in the State of Ficrida. 8. The above named entity submits is state and HALUK KESKINER, PRESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ☐ Addition TITLE KESKINER, HALUK NAME NAME 9620 CAROUSEL CIRCLE S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP Delete TITLE ☐ Addition TITLE KARAMAN, YAVUZ NAME NAME 9251 LAKE SERENA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **BOCA RATON FL 33496** Change SD 50 ☐ Addition Delete TITLE TITLE Sen, Eccan SEN. ERCAN NAME, NAME 1840-A LINTON LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HALLIK KESKINER, MODENT 4/25/00

FILED

Secretary of State

May 08, 2000 8:00 am

Daytime Phone #