

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088707

1. Entity Name

DELIGHT USA, INC.

Principal Place of Business

2015 SANFORD AVE
SANFORD FL 32771

Mailing Address

2015 SANFORD AVE
SANFORD FL 32771-4530

2. Principal Place of Business

2015 SANFORD AVE

Suite, Apt. #, etc.

C

3. Mailing Address

2015 SANFORD AVE

Suite, Apt. #, etc.

C

City & State

SANFORD FL

City & State

SANFORD FL

Zip

32771

Country

USA

Zip

32771

Country

USA

4. FEI Number

59-360 30 66

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HURYASAR, SELCUK
2015 SANFORD AVE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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] SELCUK HURYASAR PRESIDENT 02/18/2000
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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: PRESIDENT
NAME: SELCUK HURYASAR
STREET ADDRESS: 2015 SANFORD AVE APT # F
CITY-ST-ZIP: SANFORD FL-32771 ☐ Delete

TITLE: DIRECTOR
NAME: YAMILETH HURYASAR
STREET ADDRESS: 2015 SANFORD AVE APT # F
CITY-ST-ZIP: SANFORD FL-32771 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

[Signature] SELCUK HURYASAR PRESIDENT 02/18/2000 (407) 330-2144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90507 001 ***150.00

06-05-2000 90507 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)