

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91069 013 ***150.00

DOCUMENT # P99000106417

1. Entity Name
HAKAN PROPERTIES CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **9903 KONA ISLE COURT ORLANDO FL 32817**
 Mailing Address: **9903 KONA ISLE COURT ORLANDO FL 32817**

2. Principal Place of Business: **9920 KONA ISLE CT**
 Suite, Apt. #, etc.: **r**

3. Mailing Address: **SAME**
 Suite, Apt. #, etc.:

City & State: **ORLANDO, FL**

City & State:

4. FEI Number: **59-3612125**

Applied For
 Not Applicable

Zip: **32817** Country: **ORANGE**

Zip: Country:

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OZTURK, HARUN
9903 KONA ISLE COURT
ORLANDO FL 32817

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 _____ (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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	DAGISTANLI, HAKAN
STREET ADDRESS	9920 KONA ISLE COURT
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	OZTURK, HARUN
STREET ADDRESS	9903 KONA ISLE COURT
CITY-ST-ZIP	ORLANDO FL 32817
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M HAKAN DAGISTANLI
STREET ADDRESS	9920 KONA ISLE CT
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	MS, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARUN OZTURK
STREET ADDRESS	ORLANDO, FL 32817
CITY-ST-ZIP	9903 KONA ISLE CT
TITLE	V, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M OGUZHAN DAGISTANLI
STREET ADDRESS	9920 KONA ISLE CT
CITY-ST-ZIP	ORLANDO, FL 32817
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
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/30/01** Daytime Phone #: **407-679-3909**

CR2E034 (10/00)