2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

V22250 **DOCUMENT #**

1. Entity Name

FEDERAL MOBIL, INC.



FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90230 028 ***150.00

Principal Place of Business 599 N FEDERAL HIGHWAY POMPANO BEACH FL 33062 Mailing Address 599 N FEDERAL H POMPANO BEACH FL 33062 POMPANO BEACH			HIGHWAY						
2. Principal Place of Business		3. Mailing Addres	3. Mailing Address			I DAN ARBEN ERNER BIERE BORE BORE BERALL B	(1011 6 1811 1 1811 1	(1811 B1011 ISA)	
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 65-0323716			pplied For ot Applicable	
Zip	Country Zip Cou		try			\$8.75 Ad	ditional		
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New Registered			
DURU, CUNEYT 599 N FEDERAL HIGHWAY POMPANO, BEACH FL 33062 Name Street Address (P.O. Box Number is Not Acceptable)						lot Acceptable)	<u> </u>		
POMPANO, BEACH FL 33062				City		FL	Zip Cod	le	
8. The above the obligat	named entity submits this st ions of registered agent.	atement for the purpose of char	nging its registere	ed office or regis	stered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Campaign Financing nd Contribution.		00 May Be d to Fees	
10.	OFFIC	ERS AND DIRECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Duru, Cuneyt 599 n Federal Hwy Pompano Beach Fl	□ Deli	NAME STREE	i			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Dele	NAME STREE	l.			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			NAME STREE	ET ADDRESS ST-ZIP			☐ Change	☐ Addition*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	NAME STREE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dele	NAME Stree				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dele	NAME STREE	T ADDRESS ST-ZIP			☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: