

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV 26 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V27056

1. Entity Name **SULTAN TRAVEL AGENCY INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

356 N.E. 167 STREET

3. Mailing Address

356 N.E. 167 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL

City & State

N.M. BEACH, FL

4. FEI Number

65-0324167

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **HUSEYIN BADAK**

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

356 N.E. 167 STREET

City

NORTH MIAMI BEACH

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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



11/25/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **HUSEYIN BADAK, PRESIDENT**
NAME
STREET ADDRESS **356 N.E. 167 STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**4000009223994
11/26/02--01022--023 **750.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/02 305-947-8181

Daytime Phone #