

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000236797

FILED
Nov 02, 2020
Secretary of State
9614643001CC

Entity Name: UNIVERSITY OF MIAMI DR OZ TUTORING LLC

Current Principal Place of Business:

6191 ORANGE DR
6153B
DAVIE, FL 33314

Current Mailing Address:

6191 ORANGE DR
6153B
DAVIE, FL 33314 US

FEI Number: 83-2212708

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNIVERSITY OF MIAMI
UNIVERSITY OF MIAMI
1306 STANFORD DR SUITE 1210
CORAL GABLES, FL 33146 US

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name OZBEYLER, PROF DR MAHMUT
Address 6191 ORANGE DR
 6153B
City-State-Zip: DAVIE FL 33314

Title AMBR
Name ALEXANDRE, JOY WOODNICA
Address 6191 ORANGE DR
 6153B
City-State-Zip: DAVIE FL 33314

Title PRESIDENT
Name OZ, PROF DR MATTHEW
Address 6191 ORANGE DR
 6153B
City-State-Zip: DAVIE FL 33314

Title PRESIDENT
Name SERIN, ORHAN
Address 6191 ORANGE DR
 6153B
City-State-Zip: DAVIE FL 33314

Title VP
Name OZTURK, ASSOC PROF DR MAHMUT
Address 6191 ORANGE DR
 6153B
City-State-Zip: DAVIE FL 33314

Title MANAGER
Name OZTURK, ASS. PROF DR AHMET
Address 6191 ORANGE DR
 6153B
City-State-Zip: DAVIE FL 33314

Title VP
Name OYLER, PROF DR MATT
Address 6191 ORANGE DR
 6153B
City-State-Zip: DAVIE FL 33314

Title CEO
Name OZBEYLER, TURER
Address 6191 ORANGE DR
 6153B
City-State-Zip: DAVIE FL 33314

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OZBEYLER , PROF DR MAHMUT

PRESIDENT

11/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	VICE PRESIDENT AND AUTHORIZED REPRESENTATIVE
Name	KHAN, REIAZ
Address	6191 ORANGE DR 6153B
City-State-Zip:	DAVIE FL 33314