

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001865

1. Entity Name
AK CAPITAL LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4: 17

Principal Place of Business 445 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022	Mailing Address 445 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022-2606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-4032945	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MELO, PETER J 100 COLLINS AVENUE, UNIT 4 MIAMI FL 33139		Name MELO, PETER J. Street Address (P.O. Box Number is Not Acceptable) 100 COLLINS AVENUE, Suite 5 City Miami FL Zip Code 33139	

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME MGR KOWALCZYK, ANDREW STREET ADDRESS 445 PARK AVENUE, 9TH FLOOR CITY- ST- ZIP NEW YORK NY 10022	<input type="checkbox"/> Delete	TITLE NAME 700003123337 STREET ADDRESS -02/03/00--01108--020 CITY- ST- ZIP *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/>
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/>

11. 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 is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED **1-28-00** **(212)333-860**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #