

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90363 005 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # P00000065501**

1. Entity Name  
**AKIMSU, INC.**

Principal Place of Business  
**8061 NW 51 ST**  
**FORT LAUDERDALE FL 33351**

Mailing Address  
**8061 NW 51 ST**  
**FORT LAUDERDALE FL 33351**

80090096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8061 NW 51 ST.**

3. Mailing Address  
**8061 NW 51 ST.**

Suite, Apt. #, etc.

City & State  
**LAUDERHILL, FL**

City & State  
**LAUDERHILL, FL**

Zip **33351** Country **USA** Zip **33351** Country **USA**

4. FEI Number **65-1037566** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**THELMAS, FREDERICK L**  
**8061 NW 51 ST**  
**LAUDERHILL FL 33351**

7. Name and Address of New Registered Agent  
 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 *[Signature]* **C.O.O.** **4-9-02**  
 Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>WHEATLEY, DWAYNE</b> <b>4540 NW 14TH STREET</b> <b>LAUDERHILL FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CEOP</b> <b>WHEATLEY, DWAYNE</b> <b>1315 NW 58 AV</b> <b>FORT LAUDERDALE FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VPO</b> <b>THELMAS, FREDERICK L</b> <b>8061 NW 51 ST</b> <b>LAUDERHILL FL 33351</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHIEF OPERATING OFFICER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VPSM</b> <b>SIMONOVICH, MICHAEL</b> <b>307 GLENVIEW WAY</b> <b>TOMS RIVER NJ 08753</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>307 GREEN VIEW WAY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **REQUIRED** **4-9-02** **(954) 747-4773**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #