04/25/2002 11:25 3054777379 ARTY COHN F

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-13-2002 90149 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040578

1. Entity Name
AKOR Promotion Inc.

DO NOT WRITE IN THIS SPACE

96207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2548 Abaco Avenue
Suite, Apt. #, etc.
City & State
Miami FL
Zip 33133 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI# 65-1119379 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Guilherme Wolff Benjamin
Street Address (P.O. Box Number is Not Acceptable)
2548 Abaco Ave
City Miami FL Zip Code 33133

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 GWBenjamin 4/26/02
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)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Guilherme W. Benjamin President 2548 Abaco Ave Miami FL 33133
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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: GWBenjamin 5/21/02 305-859-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B(12/01)

3TP FL22561F.1