2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90226 028 ***150.00

DOCUMENT # K04535

1. Entity Name
AKB MANAGEMENT COMPANY

Principal Place of Business
2801 Ponce de leon Blvd
CORAL GABLES, FL. 33134

Mailing Address
#550
same

659873

2. Principal Place of Business	3. Mailing Address
2801 Ponce de leon Blvd	Same
Suite, Apt. #, etc.: Suite 550	Suite, Apt. #, etc.: same
City & State: Coral Gables, FL.	City & State: Same
Zip: 33134 / Country: U.S.	Zip: Same / Country: Same

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0029011 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Blaire + Cole, P.A.
2801 Ponce de leon Blvd
Suite 550
Coral Gables, FL. 33134

7. Name and Address of New Registered Agent
Name: Bonnie Blaire
Street Address (P.O. Box Number is Not Acceptable): 2801 Ponce de leon BLVD
Suite 550
City: CORAL GABLES FL Zip Code: 33134

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] 4/30/01
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, 2001 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	P/D Bonnie Blaire 2801 Ponce de leon Blvd #550 CORAL Gables, FL. 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Adam Blaire 2801 Ponce de leon Blvd #550 Coral Gables, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] 4/30/01 305-444-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOTAL P.02

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