

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90379 042 ***150.00

DOCUMENT # K04535

1. Entity Name

AKB MANAGEMENT COMPANY

Principal Place of Business

2801 PONCE DE LEON BLVD

Suite 550 1080

CORAL GABLES FL 33134

US

Mailing Address

% BLAIRE & COLE. P.A.

2801 PONCE DE LEON BLVD. S-550 1080

CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1080

Suite, Apt. #, etc.

Suite 1080

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

BLAIRE, BONNIE

2801 PONCE DE LEON BLVD

SUITE 550 Suite 1080

CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 1080

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, 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

PD

BLAIRE, BONNIE

2801 PONCE DE LEON BLVD STE 550 1080

CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP

BLAIRE, ADAM

2801 PONCE DE LEON BLVD #550 1080

CORAL GABLES FL 33134

☐ Delete

TITLE
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CITY-ST-ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

305-441-1444

Date

Daytime Phone #

CR2E034 (9/01)