

2001 UNIFORM BUSINESS REPORT (UBR)

0011448 27

DOCUMENT # L00000011339

1. Entity Name
AKIBA RESOURCES, LLC

FILED

01 FEB 23 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14750 BISCAYNE BOULEVARD
NORTH MIAMI BEACH FL 33181

Mailing Address
14750 BISCAYNE BOULEVARD
NORTH MIAMI BEACH FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1052421

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, PAUL J ESQ.
1590 NE 162ND STREET, SUITE 200
NORTH MIAMI BEACH FL 33162

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, typed or printed name of registered agent and title if applicable.

(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
STREET ADDRESS
CITY-ST-ZIP
MGRM
AKIBA, CHARLES
14750 BISCAYNE BOULEVARD
NORTH MIAMI BEACH FL 33181

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
AKIBA ANNE FRANCOISE
14750 BISCAYNE BOULEVARD

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003769243--8
-02/27/01--01020--016
*******50.00 *****50.00**

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

9/20/01

Date

Daytime Phone #

CR2E083 (11/00)