

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-10-2001 90128 009 ****61.25

DOCUMENT # N00000002926

1. Entity Name

ANKOBIA INTERNATIONAL, INC.

Principal Place of Business

16300 NE 19 Avenue
 Suite 216
 N. Miami Beach, FL 33162

Mailing Address

16300 NE 19 Avenue
 Suite 216
 N. Miami Beach, FL 33162

2. Principal Place of Business

3. Mailing Address

3555 NW 96 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
 Miami, Florida

4. FEI Number

65-1109075

Applied For

Not Applicable

Zip

Country

Zip

Country

33147

USA

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

Michael L. Lawrence
 Nubian Tax Consultants
 16300 NE 19 Avenue Ste. 215
 N. Miami Beach, Florida 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 requesting)

DATE

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	Charles Stringer	
STREET ADDRESS	3555 NW 96 Street	
CITY-ST-ZIP	Miami, FL 33147	
TITLE	VD	☒ Delete
NAME	Tarik Smith	
STREET ADDRESS	3285 Foxcroft Rd. Building E #215	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE	SD	☒ Delete
NAME	Charles Bea	
STREET ADDRESS	5708 NW-11 Avenue	
CITY-ST-ZIP	Miami, FL 33142	
TITLE	TD	☐ Delete
NAME	Rodney Jackson	
STREET ADDRESS	20420 NE 10 Place	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☒ Change ☐ Addition
NAME	Thomas Braddy	
STREET ADDRESS	1729 NW 93 Street	
CITY-ST-ZIP	Miami, FL 33147	
TITLE	SD	☒ Change ☐ Addition
NAME	Tarik Smith	
STREET ADDRESS	3285 Foxcroft Rd. Building E #215	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EXERCISING OFFICER OR DIRECTOR

Date

Defines Form #

49818

CRS2001 (1/00)