

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90887 027 ****61.25

DOCUMENT # **ND00000002924**

1. Entity Name

Ankobia International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16300 NE 19 Avenue

Suite, Apt. #, etc.

Suite 216

City & State

North Miami Beach, FL

Zip

33162

Country

USA

3. Mailing Address

3555 NW 96 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1109075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael L. Lawrence

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

16300 NE 19 Avenue

Suite 215

City

North Miami Beach

FL

Zip Code
33162

**DO NOT WRITE
IN THIS SPACE**

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

Michael L. Lawrence

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-2002

FEE IS \$61.25

Initial or Amended UBR

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD

Charles Stringer
3555 NW 96 Street
Miami, FL 33147

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD

Thomas Braddy
1729 NW 93 Street
Miami, FL 33147

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD

Tarik Smith
1325 NE 200 Street
Miami, FL 33179

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD

Rodney Jackson
20420 NE 10 Place
N. Miami Beach, FL 33179

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Stringer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (305-237-4353)

CR2E037B (12/01)