

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042220

1. Entity Name

AKAN INTERNATIONAL CORPORATION

Principal Place of Business

901 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES FL 33134

2. Principal Place of Business

3940 Utopia Ct

3. Mailing Address

3940 Utopia Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-1083605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESO
901 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Ana C. Alvarado

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

3940 Utopia Ct

City

Miami

FL

Zip Code

33133

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

Ana Cecilia Alvarado

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

(NOTE: Registered Agent signature required when reinstating)

April 30/2001

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

TITLE D ☐ Delete
NAME ALVARADO, ANA
STREET ADDRESS 901 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Ana Cecilia Alvarado ☐ Change ☐ Addition
NAME
STREET ADDRESS 3940 Utopia Ct
CITY-ST-ZIP Miami - FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ana Cecilia Alvarado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30/2001 -

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)