

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066157

1. Entity Name  
AKNET U.S.A., INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90387 008 \*\*\*150.00

Principal Place of Business  
6412 NORTH UNIVERSITY DRIVE SUITE 126  
TAMARAC FL 33321

Mailing Address  
6412 NORTH UNIVERSITY DRIVE SUITE 126  
TAMARAC FL 33321

00053943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10480 NW 18th MANOR  
Suite, Apt. #, etc.  
PLANTATION

3. Mailing Address  
10480 NW 18th MANOR  
Suite, Apt. #, etc.  
PLANTATION

City & State  
FL

City & State  
FL

4. FEI Number  
05-1022244  
Applied For  
Not Applicable

Zip  
33322  
Country  
USA

Zip  
33322  
Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BOZKURT, LEVENT  
6412 NORTH UNIVERSITY DRIVE SUITE 126  
TAMARAC FL 33321

7. Name and Address of New Registered Agent  
Name  
BOZKURT, LEVENT  
Street Address (P.O. Box Number is Not Applicable)  
10480 NW 18th MANOR  
City  
PLANTATION FL Zip Code  
33322

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, 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 |                                       |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                     |  |
|----------------------------|---------------------------------------|---------------------------------|---|---------------------|--|
| TITLE                      | D                                     | <input type="checkbox"/> Delete | TITLE   | BOZKURT, LEVENT     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOZKURT, LEVENT                       |                                 | NAME  | BOZKURT, LEVENT     |  |
| STREET ADDRESS             | 6412 NORTH UNIVERSITY DRIVE SUITE 126 |                                 | STREET ADDRESS  | 10480 NW 18th MANOR |  |
| CITY-ST-ZIP                | TAMARAC FL 33321                      |                                 | CITY-ST-ZIP   | PLANTATION FL 33322 |  |
| TITLE                      |                                       | <input type="checkbox"/> Delete | TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                       |                                 | NAME  |                     |  |
| STREET ADDRESS             |                                       |                                 | STREET ADDRESS  |                     |  |
| CITY-ST-ZIP                |                                       |                                 | CITY-ST-ZIP   |                     |  |
| TITLE                      |                                       | <input type="checkbox"/> Delete | TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                       |                                 | NAME  |                     |  |
| STREET ADDRESS             |                                       |                                 | STREET ADDRESS  |                     |  |
| CITY-ST-ZIP                |                                       |                                 | CITY-ST-ZIP   |                     |  |
| TITLE                      |                                       | <input type="checkbox"/> Delete | TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                       |                                 | NAME  |                     |  |
| STREET ADDRESS             |                                       |                                 | STREET ADDRESS  |                     |  |
| CITY-ST-ZIP                |                                       |                                 | CITY-ST-ZIP   |                     |  |
| TITLE                      |                                       | <input type="checkbox"/> Delete | TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                       |                                 | NAME  |                     |  |
| STREET ADDRESS             |                                       |                                 | STREET ADDRESS  |                     |  |
| CITY-ST-ZIP                |                                       |                                 | 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01 954-801-2203  
Date Daytime Phone #

CR2E034 (10/00)