

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90084 042 ***150.00

DOCUMENT # P00000086536

1. Entity Name

AKASH NEW AGE BOOKS AND GIFTS, INC.

Principal Place of Business

Mailing Address

2051 RENAISSANCE BLVD.
 SUITE 204
 MIRAMAR FL 33025

2051 RENAISSANCE BLVD.
 SUITE 204
 MIRAMAR FL 33025

2. Principal Place of Business

9860 SW 40th ST

3. Mailing Address

9860 SW 40th ST

Suite, Apt. #, etc.

MIAMI, FL

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL 33165

4. FEI Number

651041560

Applied For

Not Applicable

Zip

Country

Zip

Country

33165

USA

33165

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

SANCHEZ, REINALDO G
2051 RENAISSANCE BLVD.
SUITE 204
MIRAMAR FL 33025

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

REINALDO SANCHEZ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/01

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SANCHEZ, REINALDO G**
 CITY-ST-ZIP **2051 RENAISSANCE BLVD. SUITE #204**
MIRAMAR FL 33025

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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

REINALDO SANCHEZ

04/23/01

(305) 480-7080

Date

Daytime Phone #

CR2E034 (10/00)