

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00005100046**

Entity Name
IKONAMI, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91218 043 ***150.00

Principal Place of Business
**11155 Sea Grass Circle
Boca Raton, FL 33498**

Mailing Address
**1155 Sea Grass Circle
Boca Raton, FL 33498**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

10499 Stonebridge Blvd

City & State

City & State
Boca Raton, FL

4. FEI Number
65-1049296

Applied For
Not Applicable

Zip

Country

Zip
33498

Country

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

**Salvy Zakaria
11155 Sea Grass Circle
Boca Raton, FL 33498**

Name

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

10499 Stonebridge Blvd

City

Boca Raton,

FL

Zip Code
33498

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

This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**Salvy Zakaria
11155 Sea Grass Circle
Boca Raton, FL 33498** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**10499 Stonebridge Blvd
Boca Raton, FL 33498** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Delete

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

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

Date

Daytime Phone #

NOOR ZAKARIA (Director) 4/27/01 561 218 3895

CR2E034 (11/00)