

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90222 024 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000002828

1. Entity Name
AKSA PARTNERS INTERNATIONAL, INC.



Principal Place of Business
 2100 PONCE DE LEON BLVD STE 1203
 CORAL GABLES, FL 33134

Mailing Address
 2100 PONCE DE LEON BLVD STE 1203
 CORAL GABLES, FL 33134

90026777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-0506797

☒ Applied For
☐ Not Applicable

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

CASTILLO, MARTHA
 2100 PONCE DE LEON BLVD STE 1203
 CORAL GABLES, FL 33134

Name **MARK E. ROUSSO**

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

3440 HOLLYWOOD BLVD, STE 360

City **HOLLYWOOD**

FL

Zip Code **33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when installing)

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
KELLER, ALFREDO
2100 PONCE DE LEON BLVD STE 1203
CORAL GABLES, FL 33134

☐ Delete

TITLE
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

ALFREDO KELLER 02/12/2003 954 322 4280

Date

Daytime Phone #

CR2E034 (10/02)