

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91512 047 \*\*\*150.00

**DOCUMENT #** P01000075638

1. Entity Name

Akros Corp.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6955 N.W. 52 St

Suite, Apt. #, etc.

101

City & State

Miami FL

Zip

33166

Country

USA

3. Mailing Address

6955 N.W. 52 St

Suite, Apt. #, etc.

101

City & State

Miami FL

Zip

33166

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1139998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Fausto Molinas

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

6955 N.W. 52 St #101

City

Miami

FL

Zip Code

33166

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. Pres. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Orlando Villasis  
Ave. Republica y Almagro  
Quito, Ecuador

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Registered Agent  
Fausto Molinas  
646 N.W. 129 Pl  
Miami, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** F. Molinas Fausto Molinas 4-20-02 593-9091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)