

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

DOCUMENT # P010000114204

1. Entity Name

A. K. Sound Corporation

DO NOT WRITE IN THIS SPACE

FILED

02 APR 22 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14 NE 1 Street

Suite, Apt. #, etc.

3. Mailing Address

100 Lincoln Rd.

Suite, Apt. #, etc.

Unit 417

City & State

Miami, FL

Zip

33132

Country

USA.

City & State

Miami Beach, FL

Zip

33139

Country

USA.

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Aviva Cohen

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

14 NE 1 Street

City

Miami

FL

Zip Code

33132

**DO NOT WRITE
IN THIS SPACE**

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

4/19/02

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 \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Aviva Cohen 14 NE 1 Street Miami, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005392647--6 -04/30/02--01054--021 ***\$150.00 ***\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Aviv I. M. Kordich 100 Lincoln Rd, unit 417 Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

305-374-3322