

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90074 011 ***550.00

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 AV

DOCUMENT # P32207

1. Entity Name
AKILEINE INCORPORATED

Principal Place of Business Mailing Address
20815 NORTHEAST 16TH AVENUE, #17 **20815 NORTHEAST 16TH AVENUE, #17**
NORTH MIAMI BEACH FL 33179 **NORTH MIAMI BEACH FL 33179**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **13-3317790** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 _____ (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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, GEORGES	NAME	
STREET ADDRESS	17 BL. PRINCE HERED. ALB	STREET ADDRESS	
CITY-ST-ZIP	98000 MONACO	CITY-ST-ZIP	
TITLE	VPAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, FRANCOIS	NAME	
STREET ADDRESS	17 BL. PRINCE HERED. ALB	STREET ADDRESS	
CITY-ST-ZIP	98000 MONACO	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACROIX, PAUL	NAME	
STREET ADDRESS	17 BL. PRINCE HERED. ALB	STREET ADDRESS	
CITY-ST-ZIP	98000 MONACO	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOIR, ANNE-MARIE	NAME	
STREET ADDRESS	17 BL. PRINCE HERED. ALB	STREET ADDRESS	
CITY-ST-ZIP	98000 MONACO	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, GEORGES	NAME	
STREET ADDRESS	17 BL. PRINCE HERED. ALB	STREET ADDRESS	
CITY-ST-ZIP	98000 MONACO	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another I'm empowered.

SIGNATURE: *Georges Mas* 8/15/01 305/651-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)