

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA30000003632**

1. Entity Name

A. K. M., INC.

Principal Place of Business

Mailing Address

10760 Biscayne Blvd. North Miami, FL 33160
6183 Miami Lakes Dr Miami Lakes FL 33014

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

650382317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 DEC 19 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRWIN S. GARS
3225 Aviation Ave # 700
COCONUT GROVE, FL 33133

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres/Sec/Treas
LEON ATKIN
1 Pearl Brook Dr
CLIFTON, NJ 07013 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003524574
-01/05/01--01024--021
******550.00 ****550.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

12/15/00

Date

305 8215121

Daytime Phone #

CR2E034 (9/99)

Intercontinental Business Management Inc.

Bookkeeping & Tax Service

December 15, 2000

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

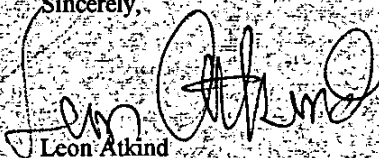
Re: Annual Report
A.K.M., Inc.

Dear Sir or Madam:

Enclosed please find a annual report we were able to get from our accountant, in blank, along with our check for \$550 to reinstate this corporation. Unfortunately, our tenant has not been forwarding our mail. We are presently in a legal matter with this same tenant and that is the only reason we have even discovered now that the renewal for the annual report was never forwarded. To this effect, attached is our check and the form.

Please process at your earliest convenience. We have put the mailing address of our bookkeeper to insure this will not happen again in the future.

Sincerely,



Leon Atkind

LA/vb