

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048981

1. Entity Name

AKM INTERNATIONAL, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90125 044 ***150.00

Principal Place of Business

1200 NW 99TH
PLANTATION FL 33322
US

Mailing Address

% ACCOUNTING & BUSINESS CONSULTANTS INC
17 ROSE DR
FT LAUDERDALE FL 33316-1041
US

2. Principal Place of Business

1201 NW 99 Ave
Suite, Apt. #, etc.

3. Mailing Address

CHEVEL, Diana
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation FL
Zip 33322 Country US

City & State

4815 NE 23 Ave
Zip Ft. Lauderdale FL 33308 Country FL

4. FEI Number

65-0424651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHAN, ALEXANDER
1200 NW 99 AVE
PLANTATION FL 33322

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

Alexander Mahan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 10, 2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MAHAN, ALEXANDER	
STREET ADDRESS	1200 NW 99 AVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAHAN, KATHERINE	
STREET ADDRESS	1200 NW 99 AVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAN, Alexander	
STREET ADDRESS	1201 N.W. 99 AVE	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

Alexander Mahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 10, 2000 951-648-3228

CR2E034 19/99