## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P95000084101** 1. Entity Name AKOTA, INC. 04-17-2000 90101 027 \*\*\*150.00 Principal Place of Business Mailing Address 3301 SHERIDAN ST 2881 W BROWARD BLVD 6 FT. LAUDERDALE FL 33312-1292 HOLLYWOOD FL 33021 2. Principal Place of Business 3/0/ W. Columbus ME 3. Mailing Address JOIN COLUMBUS AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 7 AMP A Applied For 4. FEI Number City & State 65-0685776 AMPA Not Applicable Country \$8.75 Additional 3306<u>7</u> 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARAIS, ANDRE O Box Number is Not Acceptable 6649 SOMERSETY DR 203 **BOCA RATON FL 33433** 8. The above named entity submits this statement for the purposs of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition PTD ☐ Delete TITLE MAMUN, MIRZA AL 310, W. COLUMBUS AVE TAMPA, FC 33067 TITLE MAMUN, MIRZA A NAME NAME STREET ADDRESS STREET ADDRESS 3390 W. DAVIE BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ZUBARI, MIRZA AL 3101 W. COLUMBUS AVE SVD ☐ Delete Addition TITLE ZUBARI, MIRZA A NAME NAME STREET ADDRESS 3390 W. DAVIE BLVD. STREET ADDRESS 7AMPA FC 33067 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 Addition □ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURÉ:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND DIFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/00 813-972 1887

Daytime Phone #