

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90450 009 ***150.00

MAC2002 AV

DOCUMENT # P95000084101

1. Entity Name

AKOTA, INC.

Principal Place of Business

**3101 W COLUMBUS AVE
TAMPA FL 33067
US**

Mailing Address

**3101 W COLUMBUS AVE
TAMPA FL 33067
US**

2. Principal Place of Business

3101 W. Columbus Ave

Suite, Apt. #, etc.

3. Mailing Address

3101 W. Columbus Ave

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip
33607

Country
US

Zip
33607

Country
US

4. FEI Number

65-0685776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARAIS, ANDRE

400 VIA LUGANO CIRCLE

H202

BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

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

#202

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PTD
MAMUN, MIRZA A
3101 W COLUMBUS AVE
TAMPA FL 33067**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SVD
ZUBARI, MIRZA A
3101 COLUMBUS AVE
TAMPA FL 33067**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

VICE PRESIDENT

Date

Daytime Phone #

04/05/02 (813) 3549422

CR2E034 (9/01)