2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000071097

1. Entity Name

AKF PROPERTIES, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90083 035 ***150.00

GOD WE THE

Principal Pla 7410 SW 15 PLANTATION US		Mailing Address 7410 SW 15TH STREET PLANTATION FL 33317 US							
2. Principal	Place of Business	3. Mailing Address							
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State			A FELNiumbor				
Zip	Country	Zip (Country		65-0690678	1	Not Applicable
	6 Name and Address 40					5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Hegister	ed Agent		Mains -	7.	Name and Address of New Registered	Agent	
KOBRIN,	KOBRIN, ARTHUR				Name -		•		. —
1	9760 NORTHWEST 47TH DRIVE				Street Address (P.O. B	Box Number is Not Acceptable)		
CORALS	CORAL SPRINGS FL 33076								
		_		ſ	City		FL	Zip Cod	
8. The above the obliga	e named entity submits this statement to tions of registered agent.	or the purp	ose of changing its r	egistered	d office or register	ed ag	ent, or both, in the State of Florida. I am	familiar with	, and accept
SIGNATURE				•					
	Signature, typed or printed name of registered agen	t and title if app	licable. (NOTE:	Registered /	Agent signature required	when re	instating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	f State					Election Campaign Financing Trust Fund Contribution. [\$ 5.0 Adde	00 May Be d to Fees
10.	OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD ALBO, VICTOR 7410 SW 15TH STREET PLANTATION FL 33317		☐ Delete	TITLE NAME STREET CITY-S:	ADORESS T-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD KOBRIN, ARTHUR 9760 NORTHWEST 47TH DRIVE CORAL SPRINGS FL 33076	.,	☐ Delete	TITLE NAME	ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VD FLAX, LAWRENCE 2315 NW 98TH LANE CORAL SPRINGS FL 33065		Delete -	THILE NAME STREET A CITY-ST	ADDRESS - ZIP	~ *****		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET A	1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*	☐ Delete	TITLE NAME STREET A	4	_		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-	DDRESS	<u>.</u>		Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: