

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048168

1. Entity Name

AK & H CORPORATION

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90251 018 \*\*\*150.00

Principal Place of Business

467 W. CHURCH AVE  
LONGWOOD FL 32750

Mailing Address

467 W. CHURCH AVE  
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

4680. South. O.B.T.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FLORIDA

Zip

Country

Zip

Country

FL 32839

ORANGE

4. FEI Number

59-3513899

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GULAMALI, RAMZAN  
467 W. CHURCH AVNUE  
LONGWOOD FL 32750

Name

Ramzan. Gulamali

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

900

900 NORTH MILLS AVE

City

ORLANDO

FL

Zip Code

32803

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

3-16-01

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, 2001 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 V  
NAME GULAMALI, AMIN  
STREET ADDRESS 4680 S. OBT  
CITY-ST-ZIP ORLANDO FL 32839

☐ Delete

TITLE P  
NAME GULAMALI, RAMZAN  
STREET ADDRESS 6250 W. COLONIAL DR  
CITY-ST-ZIP ORLANDO FL 32808

☐ Delete

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE D  
NAME ABDULALI GULAMALI  
STREET ADDRESS 4680 S. OBT  
CITY-ST-ZIP ORLANDO FL 32839

☐ Change ☒ Addition

TITLE P  
NAME GULAMALI RAMZAN.  
STREET ADDRESS 900 NORTH MILLS AVE  
CITY-ST-ZIP ORLANDO FL 32803

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

3-16-01

Date

407-251-0004

Daytime Phone #

CR2E034 (10/00)