

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053377

1. Entity Name

LO-KUM GLOBAL ENTERPRISES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90042 004 ***150.00

Principal Place of Business

Mailing Address

2331 STATE RD. 7, SUITE 214
 LAUDERHILL FL 33313

2331 STATE RD. 7, SUITE 214
 LAUDERHILL FL 33313-3772



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2331 N. State Rd. 7, #214, LAuderhill, FL 33313

3. Mailing Address P.O. Box 2370,

Ft. Lauderdale, FL 33303

Suite, Apt. #, etc.

214

City & State

LAUDERHILL, FL

Zip

33313

Country

Broward

Suite, Apt. #, etc.

P.O. Box 2370,

City & State

FORT LAUDERDALE, FL

Zip

33303

Country

Broward

4. FEI Number

65-0843811

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

AKKUM, NEVIN
 4780 NW 24TH CT., #208C
 LAUDERDALE LAKES FL 33313

Name

NEVIN AKKUM

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

4780 N.W. 24th Ct. #208C,

City

LAUDERDALE LAKES

FL

Zip Code

33313

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

04/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input type="checkbox"/> Delete
NAME	AKKUM, NEVIN	
STREET ADDRESS	4780 NW 24 CT, #208C	
CITY-ST-ZIP	LAUDERDALE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00

Date

954-292-3198

Daytime Phone #

CR2E034 (9/99)