

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90335 043 ***150.00

DOCUMENT # P98000056019

1. Entity Name
INVERSIONES AKAL, INC.

Principal Place of Business

~~15846 SW 26TH ST~~
~~MIRAMAR FL 33029~~

Mailing Address

~~15846 SW 26TH ST~~
~~MIRAMAR FL 33029~~

80077108



2. Principal Place of Business

4851 NW 79 AVE

3. Mailing Address

4851 NW 79 AVE

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0846029

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GONZALEZ, ANA~~
~~15846 SW 26TH ST~~
~~MIRAMAR FL 33029~~

7. Name and Address of New Registered Agent

Name

MIZRAHI, ISAAC

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

4851 NW 79 AVE

#6

City **MIAMI**

FL

Zip Code **33166**

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

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 **PD** ☒ Delete
NAME **GONZALEZ, ANA**
STREET ADDRESS **15846 SW 26TH ST**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **VD** ☒ Delete
NAME **MIZRAHI, ISAAC**
STREET ADDRESS **15846 SW 26TH ST**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MIZRAHI, ISAAC**
STREET ADDRESS **4851 NW 79 AVE**
CITY-ST-ZIP **#6 MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **ISAAC MIZRAHI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04/15/02

(305) 490-0911

Date

Daytime Phone #

CR2E034 (9/01)