

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90127 014 ***150.00

DOCUMENT # P98000056019

1. Entity Name
INVERSIONES AKAL, INC.



Principal Place of Business

4851 NW 70TH AVENUE

#0

MIAMI FL 33166

Mailing Address

4851 NW 70TH AVENUE

#0

MIAMI FL 33166

2. Principal Place of Business

15846 SW 26 ST.

Suite, Apt. #, etc.

City & State
MIRAMAR FL

Zip
33027

Country
USA

3. Mailing Address

15846 SW 26 ST.

Suite, Apt. #, etc.

City & State
MIRAMAR FL

Zip
33027

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0846029**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIZRAHI, ISAAC

4851 NW 70TH AVENUE

#0

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

MIZRAHI ISAAC

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

15846 SW 26 ST.

City

MIRAMAR

FL

Zip Code

33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X**
Signature, typed or printed name of registered agent and title if applicable.

ISAAC MIZRAHI
(NOTE: Registered Agent signature required when reinstating)

02/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MIZRAHI, ISAAC**
STREET ADDRESS **4851 NW 70TH AVENUE, #0**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MIZRAHI ISAAC**
STREET ADDRESS **15846 SW 26 ST.**
CITY-ST-ZIP **MIRAMAR FL 33027**

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

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12. 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: **X** **SIGNATURE REQUIRED PRESIDENT** **01/24/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)