

2000 UNIFORM BUSINESS REPORT (UBR)

3/31

FILED

Apr 20, 2000 8:00 am
Secretary of State

03-03-2000 90209 005 ***150.00

DOCUMENT # P98000059029

1. Entity Name

MKA INVESTMENTS, INC.

Principal Place of Business

6021 HWY. 1792 N.
DAVENPORT FL 33858

Mailing Address

2350 BROADWAY
SUITE 507-A
NEW YORK NY 10024-3200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0851169

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

AHMED, ANJUMAN A
1111 W. MAIN ST.
AVON PARK FL 33825

Name **Tomoko Matsuyama**

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

2350 BROADWAY 507A

City

New York

State

NY

Zip Code

10024

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	MATSUYAMA, TOMOKO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2350 BROADWAY 507 A	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10024	CITY-ST-ZIP	
VD	AHMED, ANJUMAN A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1111 W MAINST	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	CITY-ST-ZIP	
SD	KHAN, HOSSAIN M.Y.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8602 FT HAMILTON PKWY, #5J	STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11209	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)