

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90119 015 ***150.00

DOCUMENT # **P98000065133**
 1. Entity Name
AK INVESTMENT ENTERPRISES INC

Principal Place of Business Mailing Address
8910 N. Dale Mabry Hwy **Same**
SUITE-37
TAMPA FL-33614

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

002173

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
R. G. RAJU CPA
8910 N. Dale Mabry Hwy # 37
Tampa FL-33614

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
[Signature] **4/24/00**

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Pd	PATEL JAYANTI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	14816 Dartmoor Lane	NAME	
ST ZIP	Tampa FL-33624	STREET ADDRESS	
	PATEL MUKESH KUNAR <input type="checkbox"/> Delete	CITY-ST-ZIP	
ADDRESS	724 6th ST N.W. ATT C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	Winterhaven FL-33881	NAME	
	<input type="checkbox"/> Delete	STREET ADDRESS	
ST ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP		NAME	
	<input type="checkbox"/> Delete	STREET ADDRESS	
ADDRESS		CITY-ST-ZIP	
ST ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	NAME	
ADDRESS		STREET ADDRESS	
ST ZIP		CITY-ST-ZIP	

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]** **4/24/00** **863-401-3393**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)