, 2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 198000077543 Apr 25, 2001 8:00 am Secretary of State AKR Enterprises, Inc... dba America On The Move 04-25-2001 90153 019 \*\*\*150.00 Mailing Address P.O. BOX 9274 P.O. Box 9274 Coral Springs, FL 33075-9274 coral springs, FL 33075-9274 DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Cindy Levine 4706 Satinwood Trail coconut Creek, R 33063 or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PVST TITLE Addition TITLE Delete POBOX 9274 LEVINE NAME CINDY NAME STREET ADDRESS STREET ADDRESS CORALSPINGS, FL 33075 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE CINDY LEVING POBOX 9274 CORAL SPRINGS & 33075-927 CINDY LEVINE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen SIGNATURE: