

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104821

1. Entity Name

AKAL TRAVEL, INC.

Principal Place of Business

9511 FOUNTAINBLEAU BLVD.
#915
MIAMI FL 33172

Mailing Address

9511 FOUNTAINBLEAU BLVD.
#915
MIAMI FL 33172 0800

2. Principal Place of Business

15846 SW 26 ST.

3. Mailing Address

15846 SW 26 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number

65-0882044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ANA
9511 FOUNTAINBLEAU BLVD.
#315
MIAMI FL 33172

Name

GONZALEZ, ANA

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

15846 SW 26 ST

City

MIRAMAR

FL

Zip Code
33029

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

03/20/00

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

TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ANA		NAME	GONZALEZ, ANA	
STREET ADDRESS	9511 FOUNTAINBLEAU BLVD.		STREET ADDRESS	15846 SW 26 ST	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRAHI, ISAAC		NAME	MIZRAHI, ISAAC	
STREET ADDRESS	9511 FOUNTAINBLEAU BLVD.		STREET ADDRESS	15846 SW 26 ST	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.

ANA GONZALEZ

SIGNATURE:

RE REQUIRED PRESIDENT

03/20/00 (305) 225-7104

Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90073 014 ***150.00