## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P99000079120 1. Entity Name AK HOLDING, INC. 01-30-2001 90007 003 \*\*\*150.00 Principal Place of Business Mailing Address 35 NE 40TH STREET SECOND FLOOR 35 NE 40TH STREET SECOND FLOOR MIAMI FL 33137 CETOTOU MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address 35 NE. 40th street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Secono City & State 4. FEI Number City & State 65-0955176 Applied For Not Applicable Zip Country \$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 Name ARAMA, MICHAEL D ESQ. Street Address (P.O. Box Number is Not Acceptable) 35 NE 40TH STREET STE 105 **MIAMI FL 33137** Zip Code FL 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 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition ARAMA, MICHAEL D ESQ. NAME NAME 4515 NAULIUS Drive STREET ADDRESS 420 LINCOLN ROAD STREET ADDRESS CITY-ST-ZIP MIAMI-BEACH FL 33139 CITY-ST-7IP Minni Beach, FL 33140 TITLE ☐ Delete TITLE **M** Change ☐ Addition arama, Pearl L NAME NAME 420 LINGOLN ROAD 4595 Nautilus Drive STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP. MIAMI BEACH FL 33139 CITY-ST-ZIP nimis Beach, FL 331.40 Delete TITLE TITLE ☐ Change ☐ Addition KENDALL BILLIE J NAME NAME **420 LINCOLN ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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