

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90024 001 \*\*\*150.00

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<b>DOCUMENT #</b>	<b>P99000111453</b>
<b>1. Entity Name</b> A.K.I.O. GROUP, INC.	

<b>Principal Place of Business</b> 331 EAST 37TH STREET HIALEAH FL 33013	<b>Mailing Address</b> P.O. BOX 3839 HIALEAH FL 33013
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<b>2. Principal Place of Business</b> 555 N.E. 34 ST.	<b>3. Mailing Address</b> P.O. Box 173084
Suite, Apt. #, etc. Apt. # 909	Suite, Apt. #, etc.
City & State Miami, FL.	City & State Hialeah, FL.
Zip 33137	Country
Zip 33017-3084	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0971739		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b> INGALLS, BRIAN E 2480 SOUTHEAST 8TH COURT POMPANO BEACH FL 33062		
<b>7. Name and Address of New Registered Agent</b>		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
State 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

\_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS JAROSIEWICZ, BASILIO 331 E 37TH STREET HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 555 NE. 34 St. Apt. 909 Miami, FL. 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** Basilio Jarosiewicz, Pres. 04-04-02 - 305-778-8285

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)