

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90041 034 \*\*\*150.00

**DOCUMENT # S15401**

1. Entity Name  
**ACQUIRED KNOWLEDGE SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**817 SW 8TH TERR  
 FT LAUDERDALE FL 33315  
 US**

**817 SW 8TH TERR  
 FT LAUDERDALE FL 33315  
 US**

**00003601**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0248820**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMEK, WIESLAW  
 5521 S.W. 7TH PLACE  
 N LAUDERDALE FL 33068**

Name

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

City

**FL**

Zip Code

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) DATE \_\_\_\_\_

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, 2001 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:  Delete  
 NAME: **VPD SAMEK, WIESLAW**  
 STREET ADDRESS: **5521 S.W. 7TH PLACE**  
 CITY-ST-ZIP: **MARGATE FL 33068**

TITLE:  Change  Addition  
 NAME: **PD SAMEK WIESLAW**  
 STREET ADDRESS: **5521 SW 7TH PLACE**  
 CITY-ST-ZIP: **MARGATE, FL 33068**

TITLE:  Delete  
 NAME: **P KAWASHIMA, HIROSHI**  
 STREET ADDRESS: **9904 N.W. 47TH STREET**  
 CITY-ST-ZIP: **SUNRISE FL 33351**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
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TITLE:  Change  Addition  
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TITLE:  Delete  
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TITLE:  Change  Addition  
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 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
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 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 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.

SIGNATURE: Wesley Jurek  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 954.525.2574  
 Date Daytime Phone #

CR2E034 (10/00)