

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90226 028 \*\*\*150.00

659873

DOCUMENT # **K04535**  
 1. Entity Name  
**AKB MANAGEMENT COMPANY**

Principal Place of Business Mailing Address  
**2801 Ponce de Leon Blvd #550**  
**CORAL GABLES, FL. 33134** same

2. Principal Place of Business <b>2801 Ponce de Leon Blvd</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc. <b>Suite 550</b>	Suite, Apt. #, etc. <b>same</b>
City & State <b>Coral Gables, FL.</b>	City & State <b>same</b>
Zip <b>33134</b>	Country <b>U.S.</b>
Zip <b>same</b>	Country <b>same</b>

4. FEI Number  
**65-0029011**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Blaire + Cste, P.A.**  
**2801 Ponce de Leon Blvd**  
**Suite 550**  
**Coral Gables, FL. 33134**

7. Name and Address of New Registered Agent

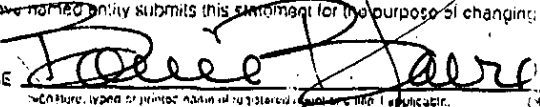
Name  
**Bonnie Blaire**

Street Address (P.O. Box Number is Not Acceptable)  
**2801 Ponce de Leon Blvd**

**Suite 550**

City  
**CORAL GABLES** FL Zip Code  
**33134**

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  DATE **4/30/01**


9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FINANCIAL FEE IS \$190.00**  
**And 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 <b>P/D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Bonnie Blaire</b>		NAME	
STREET ADDRESS <b>2801 Ponce de Leon Blvd #550</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES, FL. 33134</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Adam Blaire</b>		NAME	
STREET ADDRESS <b>2801 Ponce de Leon Blvd #550</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES, FL</b>		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	
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)(ii), 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 of an original or an attachment with an address, with all other like empowered.

SIGNATURE  DATE **4/30/01** **305-444-2400**