

**2003 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT# P01000069103**

1. Entity Name

**BRAZILIAN JIU-JITSU CENTER ACADEMY, INC.**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90811 032 \*\*\*150.00

**10095569**

|   |   |
|---|---|
| Principal Place of Business<br><b>1750 EAST COMMERCIAL BLVD<br/>FORT LAUDERDALE, FL 33334</b> | Mailing Address<br><b>1750 EAST COMMERCIAL BLVD<br/>FORT LAUDERDALE, FL 33334</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite Apt.#, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite Apt.#, etc.<br>City & State<br>Zip |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |   |   |
|---|---|---|
| 4. FEI Number<br><b>71-0864159</b>                        | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required          |   |

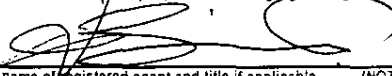
6. Name and Address of Current Registered Agent

**POPOVITCH, PABLO**  
**777 S FEDERAL HWY., RP #109**  
**POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name: **TAX HOUSE CORPORATION**  
 Street Address (P.O. Box Number is Not Acceptable): **531 E. SAMPLE ROAD**  
 City: **POMPANO BEACH** FL Zip Code: **33064**

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: **04/29/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2003 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PS<br/>POPOVITCH, PABLO<br/>777 S FEDERAL HWY., RP #109<br/>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPT<br/>POPOVITCH, JORGE<br/>5192 NE 6TH AVENUE #824<br/>FORT LAUDERDALE, FL 33334</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **04/29/03**

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