

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 08, 2000 8:00 am**
Secretary of State

03-08-2000 90024 027 ****61.25

DOCUMENT # 714852

1. Entity Name

FLORIDA KARATE ACADEMY, INC.

Principal Place of Business

**1881 N.E. 26 STREET, SUITE #80
FORT LAUDERDALE FL 33305**

Mailing Address

**1881 N.E. 26 STREET, SUITE #80
FORT LAUDERDALE FLA 33305-1425**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1222662

Applied For

Not Applicable

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

**BARANOSKI (MARY LOU)
3451 NE 17 AVE
FORT LAUDERDALE FL 33334**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ADDERLEY, GARY**
STREET ADDRESS **2709 S OAKLAND FOREST DRIVE** **APT 202**
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **POLYASKO, ROBERT**
STREET ADDRESS **262 PINE AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **COVER, ALEX M**
STREET ADDRESS **3200 NE 36 ST #1603**
CITY-ST-ZIP **FORT LAUDERDALE, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **SWEET, DENNIS**
STREET ADDRESS **3831 N.W. 11TH STREET**
CITY-ST-ZIP **COCONUT CREEK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **BARANOSKI, JOHN R**
STREET ADDRESS **3451 NE 17 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **BARANOSKI, MARY LOU**
STREET ADDRESS **3451 NE 17 AVE**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Lou Baranoski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-2000 (954) 565-6919