

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90070 012 ****61.25

DOCUMENT # 725985

1. Entity Name

CUONG NHU ORIENTAL MARTIAL ARTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CNOMAA
 3705 LEEWOOD LANE
 JACKSONVILLE FL 32217
 US

CNOMAA
 3705 LEEWOOD LANE
 JACKSONVILLE FL 32217-4263
 US

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

59-1548979

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

BRUNO, JESSICA A
3705 LEEWOOD LN.
JACKSONVILLE FL 32217

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

Jessica A. Bruno (Business Coordinator)

4/4/00

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	MOORE, HELEN	1054 ANNA KNAPP BLVD - 34G	MT. PLEASANT SC 29469	<input type="checkbox"/>
D	FARBER, KIRK	331 10 STREET	ATLANTIC BEACH FL 32233	<input type="checkbox"/>
ST	CRANE, STEVE	1971 BE 186 DR.	N. MIAMI BEACH FL 33179	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
ST	Bill Campeau	9651 Carissa Rd	Boynton Beach, FL 33436	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/2000

CR2E037 (9/99)