

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91237 020 ****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
US

2. Principal Place of Business

3. Mailing Address

CNOMAA
 Suite, Apt. #, etc.
3705 Leewood Ln

CNOMAA
 Suite, Apt. #, etc.
3705 Leewood Ln

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32217

Country
US

Zip
32217

Country
US

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
Jessica A. Bruno
 Street Address (P.O. Box Number is Not Acceptable)
3705 Leewood Ln
 City
Jacksonville FL Zip Code
32217

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

(NOTE: Registered Agent signature required when reinstating)

5/14/01
 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	PD MOORE, HELEN 1054 ANNA KNAPP BLVD - 34G MT. PLEASANT SC 29469	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARBER, KIRK 331 10 STREET ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMPEAU, BILL 9651 CARISSA RD BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert First 1105 Brooks Ave. Raleigh, NC 27607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

05/15/01 (004) 249-0023

CR2E037 (10/00)