

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725985

1. Entity Name

CUONG NHU ORIENTAL MARTIAL ARTS ASSOCIATION, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91706 025 ****70.00

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

CNOMAA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3705 Leewood Ln

3705 Leewood Ln.

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32217

USA

32217

USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jessica A. Bruno (Business Coordinator) 5/16/02
Jessica A. Bruno

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 PD
NAME FIRST, ROBERT
STREET ADDRESS 1105 BROOKS AVENUE
CITY-ST-ZIP RALEIGH NC 27607 ☒ Delete

TITLE PD
NAME Thu Ngo
STREET ADDRESS 7563 Philips Hwy. Suite 201
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☒ Addition

TITLE D
NAME FARBER, KIRK
STREET ADDRESS 331 10 STREET
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME CAMPEAU, BILL
STREET ADDRESS 9651 CARISSA RD
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 RECORDED THU NGO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02

(904) 281-9969

CR2E037 (9/01)