## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

K15491 DOCUMENT #

1. Entity Name



**FILED** May 12, 2003 8:00 am Secretary of State

05-12-2003 90198 048 \*\*\*150.00

Principal Place of Discharges   Modify Address   Reco Wite 83   MAM FL 30015	ATA TAEKWONDO CENTER OF MIAMI, INC.										
Suite, Apt. 4, etc.    City & State	6800 NW 169 ST		6800 NW 169 ST		<u> </u>	1					
Suite, Apt. 4, etc.    City & State			T								
City & State  Ci	2. Principal P	lace of Business	3. Mailing Address				1 10416111 201 11621 21111 91310 (3131	1181 81811 \$184		17811 41811 1491	
Second   S	Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.			CHECK HERE IF	MAKING (	CHANGES			
SLIVA, JAMES SILVA, JAMES SOON NY 199ST MIAMI FL 33015  File November 1		е	City & State			<b>4.</b> F	59-2930668				]
Name	Zip	Country Zip Cour		ntry							
SILVA, JAMES 6800 NW 169ST MIAMI FL 33015		6. Name and Address of Current			7. 1	Name and Address of New Re	gistered Ag	ent		<u>;</u>  `~	
Since Address   FU. Box number is Not Address   FU. Box number				Name							
City   FL   Zip Code	=			Street Address (	ess (P.O. Box Number is Not Acceptable)						
8. The above named unity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature species frame precision of registered agent and the frageficable.   (NOTE Registered Agent signature required when rentistring)   DATE	Miami Fl	33015			)						
SIGNATURE    SIGNATURE   STATE					City			FL	Zip Cod	e	
FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$55.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME SIEVA, JAMES F JR 8800 NW 1897H ST CITY-ST-2P  TITLE V SILVA, DEBORA F SIEVA JOBESS CITY-ST-2P  TITLE NAME SIRRET ADDRESS CITY-ST-2P  TITLE SIRRET ADDRESS CITY-ST-	8. The above the obligat	named entity submits this statement for ions of registered agent.,	r the purpose of changing i	its register	ed office or register	ed ag	ent, or both, in the State of Flori	da. I am fa	niliar with,	and accept	
After May 1, 2003 Fee will be \$55.0.00 May Be Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (No	DTE: Registere	d Agent signature required	when re	einstating)	DATE			
After May 1, 2003 Fee will be \$55.0.00 May Be Make Check Payable to Florida Department of State  10.	Fi	ILE NOW!!! FEE IS \$150.00							·		1
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		ertify that the information supplied with	this filing does not qualify t			ction 1	119.07(3)(i), Florida Statutes I f	urther certif	v that the i	nformation	1

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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGI