

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92166 015 ****55.00

DOCUMENT # L02000018093

1. Entity Name

Goju-Kai Karate-Do of Florida, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4640 NW 7th St.

Suite, Apt. #, etc.

3. Mailing Address

4640 NW 7th St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami

City & State
Miami

4. FEI Number 06-1639874

Applied For
Not Applicable

Zip
33144

Country

Zip
33144

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Reyes, Jorge L.

Street Address (P.O. Box Number is Not Acceptable)

4640 NW 7th St.

City Miami

FL

Zip Code
33144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM Hicho, Amido S.
4640 NW 7th St.
Miami, FL 33144

TITLE
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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)