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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # L04815** 1. Corporation Name

ATEMI RYU JUJITSU, INC.

Principal Plac						I ULBLI DIKKI ULUI	
·	e of Business	Mailing Address			·		
2091 W 76 ST	10.0	2091 W 76 ST					
HAILEAH FL 33	HAILEAH FL 33016 US	1 FL 33016		DO NOT WRITE IN THIS SPACE			
03		03			3. Date Incorporated or Qualifed		
					07/27/1989		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0136103		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	•	27			5. Certifcate of Status Desired	Fee I	Required
City & Stat	ne	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
CHENIQUE, PHILIP			82	Stroot Adde	ress (P.O. Box Number is Not Acceptable)		
2091 W 76 ST			62	Street Addi	less (F.O. Box Nulliber is Not Acceptable)		
HIALEAH FL 33016		83					
	•			ļ		1-21	
	<i>:</i>		84	City	F	L 85 Zip	Code
office or I	registered agent, or both, in the Stat im familiar with, and accept the obliq	e of Florida. Such change was all	nonzed by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing i cintment as	ts registered registered
office or I	redistered agent or both in the Stat	e of Florida. Such change was aut gations of, Section 607.0505, Florid	thorized by da Statutes	the corporations.	oration submits this statement for the purpose on's board of directors. I heraby accept the appearance of the purpose of when reinstating)	of changing i ointment as	ts registered registered
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Addition