

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L99000008293**

1. Entity Name

CH'ANG HON TAE KWON DO ALLIANCE, L.L.C.

Principal Place of Business

**12122 S.W. 131 AVENUE
MIAMI FL 33186**

Mailing Address

**12122 S.W. 131 AVENUE
MIAMI FL 33186**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**GALLER, DEBI E ESQUIRE
% TABAS, FREEDMAN & SOLOFF/ INGRAHAM BLDG
25 SOUTHEAS SECOND AVENUE, SUITE 919
MIAMI FL 33131-1538****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****TITLE MGRM
NAME STEINER, MEL
STREET ADDRESS 12122 S.W. 131 AVENUE
CITY-ST-ZIP MIAMI FL 33186**☐ Delete**TITLE MGRM
NAME STEINER, CINDA
STREET ADDRESS 12122 S.W. 131 AVENUE
CITY-ST-ZIP MIAMI FL 33186**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
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CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**10. ADDITIONS/CHANGES****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change ☐ Addition**TITLE
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CITY-ST-ZIP**☐ Change ☐ Addition**TITLE
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CITY-ST-ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change ☐ Addition**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**

Date

Daytime Phone #

**FILED
Jan 14, 2002 8:00 am
Secretary of State**

01-14-2002 90028 035 ****50.00

802200

DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

0012394

CR2E083 (9/01)