

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M75263**

1. Entity Name

JMK AMERICAN KARATE SCHOOL, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90053 009 ***150.00

Principal Place of Business

**2025 E. SAMPLE ROAD
LIGHTHOUSE POINT FL 33064**

Mailing Address

**2025 E. SAMPLE ROAD
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

2025 E. SAMPLE RD

3. Mailing Address

2025 E. SAMPLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lighthouse Point FL

City & State

Lighthouse Point FL

4. FEI Number

65-0038366

Applied For

Not Applicable

Zip

Country

33064 USA

Zip

Country

33064 USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'ESPIES, KEVIN J.
208 S.E. 12TH STREET
FORT LAUDERDALE FL 33316**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KOLESAR, JUDY	
STREET ADDRESS	2025 E. SAMPLE RD	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy Kolesar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 (954) 701-6956

CR2E034 (10/00)