

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90102 035 ****61.25

DOCUMENT # N01000005885

1. Entity Name
KIDS KARATE & CULTURAL DEVELOPMENT CENTER, INC.



Principal Place of Business

**301 NW 46TH AVE
PLANTATION FL 33317**

Mailing Address

**2563 NW 49TH AVENUE
#105
LAUDERDALE LAKES FL 33313**

2. Principal Place of Business

Jim Ward Community Center
Suite, Apt. #, etc.

3. Mailing Address

301 NW 49TH AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Plantation Fla

City & State

FLA

4. FEI Number **03-0386876**

Applied For

Not Applicable

Zip

33317

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WYNN, ROBBIN E
2563 NW 49TH AVENUE
APT. #105
LAUDERDALE LAKES FL 33313**

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

SIGNATURE

Robbin E. Wynn, President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ Delete
NAME **WYNN, ROBBIN E**
STREET ADDRESS **2563 NW 49TH AVENUE, #105**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

TITLE **V/D** ☐ Delete
NAME **LESTER, KEITH**
STREET ADDRESS **751 NW 75TH STREET**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **ST** ☒ Delete
NAME **PALMER, IRIS**
STREET ADDRESS **10925 NW 30 PLACE**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **D** ☐ Delete
NAME **LYONS, PATRICIA**
STREET ADDRESS **2565 NW 49TH AVENUE**
CITY-ST-ZIP **LAUDERDALE LKS FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST** ☐ Change ☒ Addition
NAME **Cecil Comrie**
STREET ADDRESS **7441 Tam O'Shanter Blvd**
CITY-ST-ZIP **North Lauderdale, FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, 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:

Robbin E. Wynn **4-8-03 954-585-1472**

CR2E037 (10/02)