

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

FILED
May 22, 2003 8:00 am
Secretary of State

05-01-2003 90247 048 ****70.00

DOCUMENT # N02000005244

1. Entity Name

JUDO IN EDUCATION FOUNDATION, INC.



Principal Place of Business

**901 WEST 80TH PLACE
HIALEAH FL 33014**

Mailing Address

**901 WEST 80TH PLACE
HIALEAH FL 33014**

55042963

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☐ Not Applicable

5. 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

**VELIS, VIDAL MARINO ESQ.
9415 SUNSET DRIVE
SUITE 111
MIAMI FL 33173**

Name **Vivianne Bustillo**

Street Address (P.O. Box Number is Not Acceptable) **6043 N.W. 167 ST # A-1**

City **miami**

FL Zip Code **33015**

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]

Vivianne Bustillo

4.27.03

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:

Director #3

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D**
NAME **BUSTILLO, NESTOR** ☐ Delete
STREET ADDRESS **901 WEST 80TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33014**

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

TITLE **V**
NAME **BIGGER, CHARLES** ☐ Delete
STREET ADDRESS **170 ATLANTIC CIRCLE DR.**
CITY-ST-ZIP **TAVERNEIR FL 33070**

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

TITLE **S**
NAME **CERRATO, JULIA** ☒ Delete
STREET ADDRESS **1757 NW 6TH ST.**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **P/B**
NAME **Vasquez, Kathryn** ☒ Change ☐ Addition
STREET ADDRESS **465 WEST PARK DR. # 1**
CITY-ST-ZIP **MIAMI, FL. 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/T**
NAME **Fernando, CAMPO** ☐ Change ☒ Addition
STREET ADDRESS **4980 S.W. 16 St.**
CITY-ST-ZIP **MIAMI, FL. 33144 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

Nestor A. Bustillo

4.27.03

305-562-1854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)