






**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 # <b>N02000005244</b>					
1. Entity Name <b>JUDO IN EDUCATION FOUNDATION, INC.</b>					
Principal Place of Business <b>901 WEST 80TH PLACE HIALEAH FL 33014</b>		Mailing Address <b>901 WEST 80TH PLACE HIALEAH FL 33014</b>		<b>55042963</b>  	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VELIS, VIDAL MARINO ESQ.</b> <b>9415 SUNSET DRIVE</b> <b>SUITE 111</b> <b>MIAMI FL 33173</b>			Name <b>Vivianna Bustillo</b> Street Address (P.O. Box Number is Not Acceptable) <b>6043 N.W. 167 ST # A-1</b> City <b>miami</b> FL Zip Code <b>33015</b>		
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 		<b>Vivianna Bustillo</b>		<b>4.27.03</b>	
FILE NOW: 		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>P/D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CFR2037 (10/02)
NAME	<b>BUSTILLO, NESTOR</b>		NAME		
STREET ADDRESS	<b>901 WEST 80TH PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BIGGER, CHARLES</b>		NAME		
STREET ADDRESS	<b>170 ATLANTIC CIRCLE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAVERNIER FL 33070</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CERRATO, JULIA</b>		NAME	<b>D/S Vasquez, Kathryn</b>	
STREET ADDRESS	<b>1757 NW 6TH ST.</b>		STREET ADDRESS	<b>465 WEST PARK DR. # 1</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>		CITY-ST-ZIP	<b>MIAMI, FL. 33172</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>D/T Fernando, Campo</b>	
STREET ADDRESS			STREET ADDRESS	<b>4980 S.W. 16 St.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MIAMI, FL. 33144 33165</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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, without other like empowerment.					
SIGNATURE 		<b>Nestor A. Bustillo</b>		<b>4.27.03 305-<del>125</del> 1854</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	