

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90138 013 \*\*\*\*61.25

**DOCUMENT # N40368**

1. Entity Name

**MARTIAL ARTS ACADEMY, INC.**

Principal Place of Business

Mailing Address

1048 HYPOLUXO RD  
 LANTANA FL 33462  
 US

1048 HYPOLUXO RD  
 LANTANA FL 33462  
 US

BU000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1044 Hypoluxo Road

3. Mailing Address

1044 Hypoluxo Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana, FL

City & State

Lantana, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

33462

Country

USA

Zip

33462

Country

USA

6. Name and Address of Current Registered Agent

MANDEL, M D  
 1048 HYPOLUXO RD  
 LANTANA FL 33462

7. Name and Address of New Registered Agent

Name: Mandel, Nikki  
 Street Address (P.O. Box Number is Not Acceptable): 1044 Hypoluxo Rd  
 City: Lantana FL Zip Code: 33462

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

*Nikki Mandel* - Nikki Mandel President-Director April 15, 02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDEL, M D 1048 HYPOLUXO RD LANTANA FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZSOLT, BARNA 112 LAKE AVE #3 LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDEL, NIKKI 1442 SUMMIT RD WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mandel, Nikki 1442 Summit Run Circle West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guionnaud, Andre S., Jr. 1451 Longarzo Place West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nikki Mandel* RE President-Director April 15, 02 56-547-3408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)