

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91096 023 ***150.00

DOCUMENT # *P00000000132*

1. Entity Name

TIGER DOJO, INC



DO NOT WRITE IN THIS SPACE

90054452

2. Principal Place of Business

6255 NW 171 ST

Suite, Apt. #, etc.

3. Mailing Address

6255 NW 171 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FLORIDA

City & State

MIAMI FL

4. FEI Number

65-0970637

Applied For

Not Applicable

Zip
33015

Country
DADE

Zip
33015

Country
DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NESTOR CORONADO

Street Address (P.O. Box Number is Not Acceptable)

1360 CORAL WAY

SUITE 21

City
MIA

FL

Zip Code

33155

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
GEORGE J GARCIA
6255 NW 171 ST
MIA FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
RUPUR G GARCIA
6255 NW 171 ST
MIA FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)