

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020405

1. Entity Name

BLACK LION UPKUDO INTERNATIONAL MARTIAL ARTS, IN

Principal Place of Business

1023 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

Mailing Address

1023 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

593609121

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALI, RAHMAN
1023 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> PRESIDENT	<input type="checkbox"/> Delete
NAME	ALI, RAHMAN	
STREET ADDRESS	1023 NORTH LIBERTY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	<input checked="" type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	NELRAE PASHA ALI	
STREET ADDRESS	1023 N. Liberty St.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	<input checked="" type="checkbox"/> 7th	<input type="checkbox"/> Delete
NAME	JOHN DAVIS	
STREET ADDRESS	4543 WUSCONNETT BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rahman Ali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 01

(904) 633-0003

OR (804) 608-0984

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-17-2001 91073 025 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)