5/14

FILED Jun 08, 2001 8:00 am **Secretary of State**

<i>ว</i> กก1	IINIEODM	BUSINESS	ひとなべらか	/HDD
	AMIL AVM	DOSINESS	DEFUNI	IUDKI

DOCUMENT # P0000033309 05-14-2001 90097 006 ***158.75 JUDO CLUB AT F.I.U., INC. Principal Place of Business Mailing Address 6885 WEST 7TH STREET #809 6885 WEST 7TH STREET #309 HIALEAH FL 33014 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address 901 West 80th Place 901 West 80th Place Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>Hialeah, Florida</u> <u>Hialeah, Florida</u> 65-0995031 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired USA 33014 33014 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nestor A. Bustillo WETZSTEIN, MARISOL Street Address (P.O. Box Number is Not Acceptable) 6885 WEST 7TH STREET #809 HIALEAH FL 33014 West Both Place this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. A. Bustillo SIGNATUR 9. This corporation is eligible to satisfy its Intangible FILE NOW!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE l PD Treasurer ☐ Change

NAME STREET ADDRESS CITY-ST-ZIP	BLAKEY, SHAWN 9350 SW 46 TERRACE MIAMI FL 33165	NAME STREET ADDRESS CITY-ST-ZIP	Julia D. Cerrato 1787 Northwest 6th Street Mjami, Florida 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Delete PAZO, ANDER 7245 SW 15 STREET MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Achange Addition Pazo, Adner 1246 Southwest 15th Street Miami, Florida 33144
TITLE NAME STREFT ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS. CITY-ST-ZIP	Secretary Change Maddition Siri Travieso 2219—Southwest—57th Avenue Migmi, Florida 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i). Plorida 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.

SIG	: N /	TI	IP	₽.
		11 L	m	