CR2E034 (4/02)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 09, 2002 8:00 am Secretary of State P00000033309 DOCUMENT # 09-09-2002 90011 039 ***550.00 JUDO CLUB AT F.I.U., INC. Principal Place of Business Mailing Address 901 WEST 80TH PLACE 901 WEST 80TH PLACE HIALEAH FL 33014 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0995831 Not Applicable Zip ' Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUSTILLO, NESTOR A Street Address (P.O. Box Number is Not Acceptable) 901 WEST 80TH PLACE HIALEAH FL 33014 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tresident TITLE ☐ Delete TITLE ☐ Addition BLAKEY, SHAWN Siri Travieso NAME: NAME 2219 SW 57 AV 9350 SW 46 TERRACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** Miami, FL 33155 CITY-ST-ZIP CITY-ST-ZIP Vice Presiden-Snawn Blake **VP** ☐ Defete TITLE Change ☐ Addition PAZO, ANDER NAME 9350 SW 46 terrace 7245 SW 15 STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** CITY-ST-ZIP FL 33165 CITY-ST-ZIP Miami, TITLE treasurer ☐ Delete Melissa Lorenzo Change ☐ Addition CERRATO, JULIA D NAME NAME 14696 SW 161 PL 1787 NORTHWEST 6TH STREET STREET ADDRESS STREET ADDRESS FL 33196 CITY-ST-ZIP MIAMI FL 33125 CITY-ST-ZIP MIAMI Raul Cruz ☐ Delete TITLE Change Addition TRAVIESO, SIRI NAME 11052 SW 2219 SOUTHWEST 57TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33174 CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITHE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP