

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90139 017 ***150.00

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DOCUMENT # P00000033716

1. Entity Name

SHOTOKAN KARATE & FITNESS, INC.

Principal Place of Business

**C/O SARNOFF & BAYER
 3197 VIRGINIA STREET
 MIAMI FL 33133**

Mailing Address

**C/O SARNOFF & BAYER
 3197 VIRGINIA STREET
 MIAMI FL 33133**

D0031184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

180 CRANDON BLVD.

3. Mailing Address

180 CRANDON BLVD.

Suite, Apt. #, etc.

STE. 113

Suite, Apt. #, etc.

STE. 113

City & State

KEY BISCLAYNE - FL

City & State

KEY BISCLAYNE - FL

4. FEI Number

65-0997466

Applied For

Not Applicable

Zip

33149

Country

Zip

33149

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SARNOFF, MARC DAVID ESQ
 3197 VIRGINIA STREET
 MIAMI FL 33133**

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 _____ (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: **DPVT** Delete
 NAME: **WONG, JAIME**
 STREET ADDRESS: **3197 VIRGINIA STREET**
 CITY-ST-ZIP: **MIAMI FL 33133**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DPVT** Change Addition
 NAME: **JAIME**
 STREET ADDRESS: **255 GALEN DR. APT. 4B**
 CITY-ST-ZIP: **KEY BISCLAYNE - FL 33149**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 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: Jaime Wong **JAIME WONG** **3-29-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)