

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90068 003 \*\*\*150.00

**DOCUMENT # P00000038356**

1. Entity Name  
**AMERICAN INSTITUTE OF MARTIAL ARTS FAMILY KARATE  
CENTER INC.**



Principal Place of Business  
**6841 SR 54  
NEW PORT RICHEY FL 34653**

Mailing Address  
**6841 SR 54  
NEW PORT RICHEY FL 34653**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3332769**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBENZE, MIKE  
7116 STONE ROAD  
34668  
PORT RICHEY FL FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mike Albence* **MIKE ALBENZE**

**7/28/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **ALBENZE, MIKE**  
STREET ADDRESS **6841 SR 54**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **ALBENZE, TRACHELE**  
STREET ADDRESS **6841 SR 54**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required* **MIKE ALBENZE 7/28/03**

Date

Daytime Phone #

**727-372-0500**

CR2E034 (10/02)

Attachment

80134848  
P00000038356

# **American Institute of Martial Arts**

## **FAMILY KARATE CENTER**

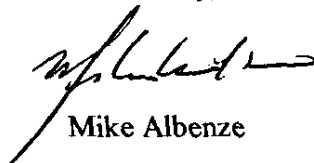
*International Headquarters - 6841 State Road 54 New Port Richey, FL 34653*

Sir, Ma'am

On July 28<sup>th</sup> I made contact with your (UBR) office regarding a late UBR filing. My situation as explained was a misplaced corporate packet by one of my staff members.

While reviewing some of the records for this year's tax return I came across the packet and immediately called your office. I was advised by a representative to write a letter describing the situation and ask for a review and acceptance of the standard \$150.00 filing fee, waiving the late fee of \$400. Included is a business check for the \$150.00 to cover the filing fee. I ask that you would please waive the late fee and accept my apologies for the oversight.

Sincerely,



Mike Albenze

President