

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000065091

1. Entity Name

COOPER CITY ATA MARTIAL ARTS, INC.

FILED

02 JUL 24 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5806 S. FLAMINGO ROAD

3. Mailing Address

6800 NW 169th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COOPER CITY, FL

City & State
MIAMI, FL

4. FEI Number

65-1122673

Applied For

Not Applicable

Zip
33330

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DEBORA SILVA

Street Address (P.O. Box Number is Not Acceptable)

6800 NW 169th STREET

City

MIAMI

FL

Zip Code

33015

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

5/23/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SILVA, JAMES
6800 NW 169th STREET
MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300006854898-3
-08/01/02--01047--011
****300.00 ****300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SILVA, DEBORA
6800 NW 169th STREET
MIAMI, FL 33015

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with or other like empowerment.

SIGNATURE:

Deborah Silva

DEBORA SILVA

5-23-02

305-558-7252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**COOPER CITY ATA MARTIAL ARTS, INC.
6800 N.W. 169TH STREET
MIAMI, FL 33015
305-558-7252**

May 23, 2002

Uniform Business Report Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: EIN#65-1122673
Document #: P00000065091

Dear Sirs:

Enclosed is my Profit Corporation Annual Report for 2002 along with a check in the amount of \$300.00 to cover 2001 and 2002. I did not receive the original annual report forms and was unaware that I had to file a corporate annual report. Kindly abate all penalties for late filing.

Should you have any questions, do not hesitate to contact me at (305) 558-7252.

Sincerely,



Debora Silva
Vice-President

Enclosure