## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # P00000083784**

KYOKUSHIN KARATE AND KICK BOXING CENTER, INC.

Principal Place of Business

7171 WEST OAKLAND PARK BOULEVARD LAUDERHILL FL 33313

Mailing Address

7171 WEST OAKLAND PARK BOULEVARD LAUDERHILL FL 33313

## 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

**FILED** Jan 12, 2001 8:00 am Secretary of State

01-12-2001 90024 018 \*\*\*150.00

DATAOO



DO NOT WRITE IN THIS SPACE

		+						
City & State		City & State		4. FEI Number	×	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
CHEEK, JACQUELINE A 172 S W 126TH AVENUE				Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
PLANTAT	10N FL 33325					****		
			•	City		FL Z	p Code	
8. The above nam	ned entity submits this stateme	ent for the purpose of changi	ing its register	red office or reg	istered agent, or both, in the State of Flor	ida.	1	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back)		Make Check Payable	Make Check Payable to Department of State					
11. OFFICERS AND DIRECTORS			12.	ΑĐ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEEK, JACQUELINE 7171 WEST OAKLAND PARK BOU LAUDERHILL FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheek, Dennis R 7171 West Oakland Park Bol Lauderhill Fl 33313	☐ Delete  JLEVARD	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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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.

veline TR PRINTED NAME OF

954 476 9517

Daytime Phone #