2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000089801

1. Entity Name U.S.A. TAEKWONDO GYMNASIUM, INC.					04-24-2003 90113 013 ***150.00			
Principal Place of Business 12721 METRO PKWY SUITE 3 FORT MYERS FL 33912 US		Mailing Address 12721 METRO PKWY SUITE 3 FORT MYERS FL 33912 US			1101000			
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			-	_		
					CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	FEI Number 65-1049031		plied For t Applicable
Zip	Country	Zip	Countr	У	5. 0		8.75 Add ee Require	
	6. Name and Address of Current F				7. Name and Address of New Registered Agent			
PRATRIL AND PM				Name				
EPSTEIN, 1601 JAC	Andrew KSON ST., #101			Street Address (t Address (P.O. Box Number is Not Acceptable)			
ft. Myer	S FL 33901						· • • • • • • • • • • • • • • • • • • •	
		City			FL	Zip Code	•	
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered	d office or register	red age	ent, or both, in the State of Florida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signature required	d when rei	einstating) DATE	 	·
FILE NOW!!! FEE IS \$150.00 SAfter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
10.	OFFICERS AND I	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS	DPST SILVERBERG, ALLAN 12721 METRO PKWY, SUITE 3	☐ Delete	TITLE NAME STREET	ADDRESS	٠.		Change	☐ Addition
CITY-ST-ZIP "	FORT MYERS FL 33912		CITY-S	ST-ZIP		<u> </u>		
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS				ADORESS				
CITY-ST-ZIP			CITY-S	ST-ZIP		and the second s		
TITLE NAME	,	☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS (STREET CITY-S	ADDRESS (ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				1
CITY-ST-ZIP			CITY-S					
TITLE	<u> </u>	☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					{
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	TADDRESS T-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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Delete

Presiden

4-1-03

239.561.9470

☐ Change

Addition

Daytime Phone #

0520640 A

FILED

Apr 24, 2003 8:00 am Secretary of State

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CB2E034 (10/03