

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90658 031 \*\*\*150.00

DOCUMENT # P01000005507

1. Entity Name

PROKARATE &amp; BOXING SUPPLIES, INC.

Principal Place of Business

1401 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415

Mailing Address

1401 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2838515

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNIE, CYNTHIA

1401 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415

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

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

(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, 2002 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: PRESIDENT ☐ Delete  
 NAME: CYNTHIA BURNIE  
 STREET ADDRESS: 1401 SOUTH MILITARY  
 CITY-ST-ZIP: WEST PALM BEACH, FL 33415

TITLE: VICE-PRESIDENT ☐ Delete  
 NAME: PHILLIP BURNIE  
 STREET ADDRESS: 1401 SOUTH MILITARY TRAIL  
 CITY-ST-ZIP: WEST PALM BEACH, FL 33415

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

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NAME:  
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 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:  
 STREET ADDRESS:  
 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: *Cynthia Burnie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (9/01)