

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

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AV

03-17-2003 90694 021 \*\*\*158.75

**DOCUMENT # P01000013485**

1. Entity Name  
**TAMA KARATE ACADEMY, INC.**



Principal Place of Business  
**6500 PINES BLVD  
PEMBROKE PINES FL 33024**

Mailing Address  
**1360 W GOLFVIEW DRIVE  
PEMBROKE PINES FL 33026**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**2065 NE 123 Street**  
Suite, Apt. #, etc.

City & State  
**North Miami, FL**

Zip  
**33181**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**DURAN, KIMBERLY  
1360 W GOLFVIEW DRIVE  
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name  
**John Segars**

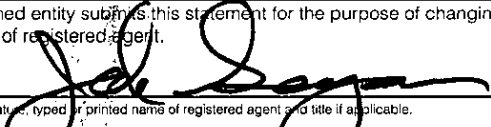
Street Address (P.O. Box Number is Not Acceptable)  
**2065 N.E. 123 Street**

City  
**N. Miami**

State  
**FL**

Zip Code  
**33181**

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  **P.S.T.**

(NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>DURAN, KIMBERLY</b> <b>13600 GOFVIEW DR. WEST</b> <b>PEMBROKE PINES FL 33026</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>SEGARS, JOHN</b> <b>2065 NE 123 Street</b> <b>N. MIAMI, FL 33181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  **John Segars** **3-13-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)