

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

3. Mailing Address

2065 NE 123 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
North Miami, FL

4. FEI Number
65-1082975

Applied For

Not Applicable

Zip

Country

Zip
33181

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURAN, KIMBERLY
1360 W GOLFVIEW DRIVE
PEMBROKE PINES FL 33026**

Name
John Segars
Street Address (P.O. Box Number is Not Acceptable)
2065 N.E. 123 Street
City
N. Miami 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
DURAN, KIMBERLY
13600 GOLFVIEW DR. WEST
PEMBROKE PINES FL 33026** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
SEGARS, JOHN
2065 N.E. 123 Street
N. MIAMI, FL 33181** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Segars **3-13-02**

CR2E034 (10/02)