

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91601 043 ***150.00

DOCUMENT # P01000020728

1. Entity Name

TAMIAMI JUDO AND AIKIDO CLUB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 West 80 Place

Suite, Apt. #, etc.

3. Mailing Address

901 West 80 Place

Suite, Apt. #, etc.

City & State

Hialeah, FL 33014

Zip

Country

US

City & State

Hialeah, FL

Zip

Country

US

4. FET Number

applied for

☒

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nestor Bustillo

Street Address (P.O. Box Number is Not Acceptable)

901 West 80 Place

City

Hialeah

FL

33014

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)

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Annually, the May 15 Fee is \$150.00

After May 15 Fee is \$550.00

Amended UBR is \$61.25

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
NAME	Nestor Bustillo
STREET ADDRESS	901 West 80 Place
CITY- ST- ZIP	Hialeah, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-1-02

Date

Signature Please

CR2E034B (12/01)