

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90014 017 \*\*\*158.75

**DOCUMENT # P01000029118**

1. Entity Name  
**I. T. F. TAEKWON-DO CENTER INC.**

Principal Place of Business

**8357 W. FLAGLER ST  
 SUITE 238  
 MIAMI FL 33144**

Mailing Address

**8357 W. FLAGLER ST  
 SUITE 238  
 MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1099185**

Applied For

Not Applicable

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

**QUIRCE, ADOLFO  
 8835 SW 21 TERR  
 MIAMI FL 33165**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
 NAME **QUIRCE, ADOLFO**  
 STREET ADDRESS **8835 S.W. 21 TERR**  
 CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**ADOLFO QUIRCE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-3-02**

Date

**305-519-3765**

Daytime Phone #

CR2E034 (9/01)

Attachment

**ITF TAEKOWN-DO CENTER INC.**  
**8357 WEST FLAGLER ST, UNIT 238**  
**MIAMI, FL. 33144**  
305-519-3765

Miami Florida

Sept 3<sup>rd</sup> 2002

Florida Department of State  
Division of Corporation.  
P. O. Box 6327  
Tallahassee, FL 32314

Re: 2002 Uniform Business Report  
Corporate #P01000029118 ITF TAEKOWN-DO CENTER INC. TAX ID 65-1099185

And # P01000029111 for TAEKWON-BOX INC. TAX ID 01-0617405

Dear Sir;

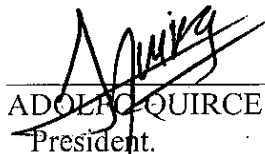
Enclosed please find 2002 UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. #1414 & 1415 for the amount of \$158.75 each, to paid the above Annual fee and certificate of status.

Please accept this payment, because we do not have any knowledge about the existence of such fees, and this report got misplaced. I will make sure that this fee in the future this will be paid on time.

If you need any more information please do not hesitate to contact me.

Sincerely yours,

**ITF TAEKOWN-DO CENTER INC**  
**TAEKWON-BOX INC.**

  
ADOLFO QUIRCE  
President.