

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90960 048 ***150.00

DOCUMENT # P01000036362
1. Entity Name
Ray's Tae Kwon Do Doral Park
D.B.A. - Doral Tae Kwon Do + Family Fitness

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10490 NW 31 terrace
Suite, Apt. #, etc.

3. Mailing Address
10490 NW 31 terrace
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33172
Country
U.S.A.

City & State
Miami FL
Zip
33172
Country
U.S.A.

4. FEI Number
65-1090343
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporate Creations S
Street Address (P.O. Box Number is Not Acceptable)
941 4th Street #200
City
Miami Beach FL Zip Code
33139

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Ricardo Rodriguez</u> <u>600 Eastward Dr.</u> <u>Miami FL 33166</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-President</u> <u>Stacey Rodriguez</u> <u>600 Eastward Dr.</u> <u>Miami FL 33166</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 305-885-5914
Date Daytime Phone #

CR2E034B (12/01)