18(3) 249-2135 Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P01000047155 1. Entity Name AMERICAN DRAGON DOJO, INC.							FILED					
Principal Place of Business Mailing Address							02 APR -8 PM 4:28					
6618 HANLEY ROAD TAMPA FL 33634 TAMPA FL 33634 TAMPA FL 33634								ECRETARY LLAHASSE		•		
	8 W1	Jalus duc	3. Mailing Address 8208 W Water Ave			و		#BI 	IBISI OBIII DII	il 1890, ilgol	611 9 1 0111 1001	
Suite, Apt.	# etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number			. Ar	plied For		
TAMPA		ŦC.							1241	t Applicable		
Zip *334	15	Country	Zip 336い	Counti	ry	5	. Certificate of Sta	tus Desired	11 7	8.75 Add ee Require		
	6. Name	and Address of Current Re				7.	. Name and Addr	ess of New Reg	istered A	gent		
					Name S	niecel	el & Utrera, P.A.					
SPIEGEL & UIMERA, P.A. Street Address							ss (P.O. Box Number is Not Acceptable)					
343 ALMERIA AVENUE					1	840 So	uthwest 22	Street				
CORAL GABLES FL 33134						4th Floor						
					City M	iami			FL	Zip Code 3314	6 45	
SIGNATURE .	Spiege By:	y submits this statement for the submits this statement of the submits the sub				re required whe		ie State of Fioric	DATE			
Tax filing	_	lible to satisfy its Intangible and elects to do so.	After May 1, 2002	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat				Campaign Finan d Contribution.	cing		0 May Be I to Fees	
11.		OFFICERS AND DI	RECTORS	12.			ADDITIONS/CHAN	IGES TO OFFIC	ERS AND (DIRECTORS	S IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP		iez, edward C Iley road _ 33634	☐ Delete		T ADDRESS ST-ZIP		West Water ,.Florida			X :∪nange	☐ Addition	
DÍTE			☐ Delete	TITLE		S			·	Change	Addition	
NAME STREET ADDRESS				T ADDRESS	Delmont. James 8208 West Water: Avenue							
ITY-ST-ZIP			•	ST-ZIP		Tampa, Florida 33615						
TITLE NAME Street Address City-St-Zip			□ Delete	TITLE NAME STREET	r address st-zip			0054 -05/02/0 ****150	196 2016	Change :95-)200 !****15!	□ Addition - - 15 02 0.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	r address St-Zip	,				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP			· M	$\int V V$	Change	Addition	
TITLE NAME Street address City-St-Zip			☐ Delete	CITY-S		g-4,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Change	Addition	
 I hereby of indicated of the corr 	ertify that the on this report poration or the coration or coration or corati	e information supplied with that or supplemental report is true ne receiver or trustee empower	is filing does not qualify for the ue and accurate and that my ered to execute this report as	he exem	ption state re shall ha	ed in Section ave the same oter 607. Fire	n 119.07(3)(i), Flori e legal effect as if i	da Statutes. I fu made under oat	rther certify	y that the in an officer	of director	