UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057206

1. Entity Name

TEAM TAE KWON DO FLORIDA, INC.

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16210 NW 12th ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PEMBROKE PINES, FL	City & State

4. FEI Nι 65-1151186   ☐ Applied Fι / Not Applic

Zip 33028	Country USA	Zip	Country

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

Name TINA MARA KAPTAINE

Street Address (P.O. Box Number is Not Acceptable)
16210 N.W. 12th ST.

PEMBROKE PINES, FLA. 33028

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. I am familiar with, and ac 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 Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS		☐ Delete	TITLE	☐ Change	☐ Aι
NAME KAPTAINE, TINA M			NAME		
STREET ADDRESS 16210 NW 12 ST			STREET ADDRESS		
CITY-ST-ZIP PEMBROKE PINES FL 33028			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ A
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 informa 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Tina Mina Kaptain_   TINA MARA KAPTAINE   5/1/03   954-849-1885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #