

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

09-09-2002 90025 048 \*\*\*150.00

**DOCUMENT # P01000066939**  
**1. Entity Name**  
**WORLD MARTIAL ARTS ACADEMY OF HAWTHORNE, INC**

**Principal Place of Business**      **Mailing Address**  
**6940 SOUTHEAST 221ST STREET**      **6940 SOUTHEAST 221ST STREET**  
**HAWTHORNE FL 32640**      **HAWTHORNE FL 32640**

**2. Principal Place of Business**      **3. Mailing Address**  
**7040 SE Hwy 301**      **SAME**  
**Suite, Apt. #, etc.**      **Suite, Apt. #, etc.**

**City & State**      **City & State**      **4. FEI Number**      **Applied For**  
**Hawthorne FL**            **59-3730489**      **Not Applicable**  
**Zip**      **Country**      **Zip**      **Country**  
**32640**      **U.S.A.**           

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**  
**SPIEGEL & UTRERA, P.A.**      **Name**  
**343 ALMERIA AVENUE**      **Street Address (P.O. Box Number is Not Acceptable)**  
**CORAL GABLES FL 33134**      **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 accept 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**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**      **FILE NOW!!! FEE IS \$550.00**      **10. Election Campaign Financing**      **\$5.00 May Be**  
**(See criteria on back)**      **After September 13, 2002 Fee will be \$750.00**      **Trust Fund Contribution.**      **Added to Fees**  
☐      **Make Check Payable to Department of State**      ☐

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>JOHNSON, TRACI M</b> <b>6940 SOUTHEAST 221ST STREET</b> <b>HAWTHORNE FL 32640</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

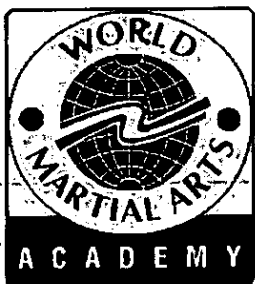
**SIGNATURE:**      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **9-6-02**      **352 481 3400**  
            **Date**      **Daytime Phone #**

CR2E034 (4/02)

Attachment

871552

#PO1000066939



*Art of Tae Kwon Do*

**World Martial Arts Academy**

7040 SE Hwy 301

Hawthorne, Florida 32640

Phone: (352) 481-3400

September 7, 2002

Division Of Uniform Business Reports

Dear Whom It May Concern:

We had no prior knowledge of this report being due. Enclosed you will find the filled out report and our check of the \$150.00 (One Hundred Fifty Dollars) filling fee. Thank you for assistance in this matter.

Sincerely,

Michelle Johnson  
President  
World-Martial Arts Academy Of Hawthorne, Inc.

*What You Believe, Is What You Achieve*