

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91291 002 ***150.00

DOCUMENT # **P01000077437**

1. Entity Name
Warrior's Boxing Promotions, Inc



DO NOT WRITE IN THIS SPACE

11023649

2. Principal Place of Business
4151 N State Rd 7
Suite, Apt. #, etc.

3. Mailing Address
4151 N State Rd 7
Suite, Apt. #, etc.

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City & State
Hollywood FL
Zip
33021
Country
USA

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Hollywood FL
Zip
33021
Country
USA

4. FEI Number
65-1139561

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name **Steven Elkin, Esq**
Street Address (P.O. Box Number is Not Acceptable)
Frank, Weinberg, Black, P.L.
7805 SW 6th Court
City **Plantation** FL Zip Code **33324**

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.T.S
Doreen Rose Cypress
Star Rt, Box 83
Clewiston, FL 33440

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V P
Linda Moody
4934 SW 38th Way
Hollywood, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Linda A Moody** **LINDA A Moody** **4/25/03** **(954) 985-1155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)