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FILED
Jul 10, 2002 8:00 am
Secretary of State
05-19-2002 90162 011 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083919
1. Entity Name
JORGE MUNOZ KENPO KARATE, INC.

Principal Place of Business
8265 S.W. 145TH STREET
MIAMI FL 33158

Mailing Address
8265 S.W. 145TH STREET
MIAMI FL 33158

2. Principal Place of Business
18804 S DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address
18804 S. DIXIE HWY
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33157 Country
USA

Zip
33157 Country
USA



DO NOT WRITE IN THIS SPACE

96767

4. FEI Number
APPLIED FOR

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

6. Name and Address of Current Registered Agent
FEINSWOG, SCOTT
8265 S.W. 145TH STREET
MIAMI FL 33158

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3 GROVE ISLE DRIVE #505
City
COCONUT GROVE FL Zip Code
33133

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 *Scott Feinswog* **SCOTT FEINSWOG** **4/21/02**
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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEINSWOG, SCOTT		NAME		
STREET ADDRESS	8265 S.W. 145TH STREET		STREET ADDRESS	3 GROVE ISLE DRIVE #505	
CITY-ST-ZIP	MIAMI FL 33158		CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Scott Feinswog* **SCOTT FEINSWOG DIRECTOR** **4/21/02** **305-251-2499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)