

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91309 017 ***150.00

DOCUMENT # P01000090547

1. Entity Name

SOUTH DADE SHOTOKAN KARATE, INC.

Principal Place of Business

**2004-06 NE 8 STREET
 HOMESTEAD FL 33033**

Mailing Address

**13081 SW 133 COURT
 MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

2004-06 NE 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead

4. FEI Number

65-1143616

Applied For

Not Applicable

Zip

Country

33033

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MANZANO, BARBARA
 13081 SW 133 COURT
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **Leon A Cravens**

Street Address (P.O. Box Number is Not Acceptable)

2004-06 NE 8 Street

City **Homestead**

FL

Zip Code **33033**

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

Barbara Manzano

BARBARA MANZANO

4/22/02

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CRAVENS, LEON	
STREET ADDRESS	27420 SW 165 AVENUE	
CITY-ST-ZIP	MIAMI FL 33031	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MANZANO, ULISES	
STREET ADDRESS	7770 SW 134 AVENUE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	<input type="checkbox"/> Delete
NAME	DE LEON, SERGIO	
STREET ADDRESS	1666 NW 8 TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DE LEON, ARNOLD	
STREET ADDRESS	30105 SW 202 AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

Daytime Phone #

CR2E034 (9/01)