

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

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90153 016 \*\*\*150.00

<b>DOCUMENT #</b> P02000055089	
<b>1. Entity Name</b> Westside Allstar Karate Center, Inc.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 12856 Biscayne Blvd. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 12856 Biscayne Blvd. Suite, Apt. #, etc.
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<b>City &amp; State</b> Miami, Florida	<b>City &amp; State</b> Miami, Florida
<b>Zip</b> 33181	<b>Zip</b> 33181
<b>Country</b> USA	<b>Country</b> USA

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 48-1261731	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Lee, Robert	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 12856 Biscayne Blvd.	
<b>City</b> Miami	<b>Zip Code</b> FL 33181

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> President	<b>NAME</b> Lee, Robert	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 12856 Biscayne Blvd.	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b> Miami, FL 33181	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
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<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>

**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.**

<b>SIGNATURE:</b>	<b>Robert Lee, Pres</b>	<b>7/25/03</b>	<b>305-981-0505</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)

*Attachment*  
**LASHBROOK & WOLLARD, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

Dru D. Lashbrook, CPA  
Brian H. Wollard, CPA  
David J. Fasano, CPA, MBA  
Dean R. Lashbrook  
Jerry W. Reed, EA

*Member of the  
Florida Institute of  
Certified Public Accountants*

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P02000055089  
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info@lbroom.com

July 29, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: Westside Allstar Karate Center, Inc.**  
**Document # P02000055089**

To Whom It May Concern:

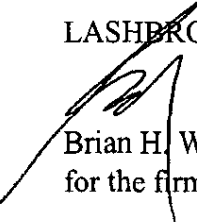
We are the Certified Public Accountants for the above referenced corporation. It recently came to our attention that our client did not receive their original 2003 UBR Report and that it is probably due to the fact that their mailing address was changed in 2002, and the Department of State still shows the old address.

We ask that you please change the address of the corporation in your records to: **12856 Biscayne Blvd., Miami, FL 33181.**

We contacted the State and they informed us to mail the UBR Report with \$150.00 immediately. Enclosed please find the report and check for \$150.00 as requested. If you should have any questions, please contact our office. Thank you.

Sincerely,

LASHBROOK & WOLLARD, P.A.

  
Brian H. Wollard, CPA  
for the firm

BHW/sm  
Enclosures