

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90135 040 ***150.00

DOCUMENT # P02000122054

1. Entity Name
SOUTH FLORIDA KARATE ACADEMY, INC.



Principal Place of Business
4409 W. HILLSBORO BLVD
COCONUT CREEK FL 33073

Mailing Address
21136 VIA VENTURA
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0128368

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RUDINSKY, ROBERT
21136 VIA VENTURA
BOCA RATON FL FL

7. Name and Address of New Registered Agent

Name

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

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)

1/17/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete
NAME **RUDINSKY, ROBERT**
STREET ADDRESS **21136 VIA VENTURA**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VP** ☐ Delete
NAME **MERGEN, FREDERIC**
STREET ADDRESS **8176 SCENIC TURN**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **AVP** ☐ Delete
NAME **Nicholas Gast**
STREET ADDRESS **23055 SW 53RD AVE**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **Secretary** ☐ Delete
NAME **Heidi Rudinsky**
STREET ADDRESS **21136 Via Ventura**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **AVP** ☐ Delete
NAME **Amy Irvin**
STREET ADDRESS **9867A Boca Gardens Trail**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

Date

954-418-9600

Daytime Phone #

CR2E034 (10/02)