

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005381

1. Entity Name

C.L. TAE KWON DO, INC.

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90014 019 ***150.00

Principal Place of Business

Mailing Address

198 E 4TH AVENUE
HIALEAH FL 33010
US

198 E 4TH AVENUE
HIALEAH FL 33010-4906
US

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 65-0370476

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, ABEL
747 E 9TH ST.
HIALEAH FL 33010

Name

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

1980 Miami Springs Av.

Miami Springs, FL 33146

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.

SIGNATURE

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	LOPEZ, CARMEN	
STREET ADDRESS	747 E. 9TH ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOPEZ, ABEL	
STREET ADDRESS	747 E 9TH ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOPEZ, AOE	
STREET ADDRESS	747 E 9TH ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1980 Miami Springs Av.	
CITY-ST-ZIP	Miami Springs, FL 33146	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1980 Miami Springs Av.	
CITY-ST-ZIP	Miami Springs, FL 33146	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ZOE	
STREET ADDRESS	1980 Miami Springs Av.	
CITY-ST-ZIP	Miami Springs, FL 33146	
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

Date

Daytime Phone #

CR2E034 (9/99)