

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**  
 03-23-2000 90041 025 \*\*\*150.00

**DOCUMENT # P93000005298**

1. Entity Name  
**HECTOR NOYAS TAE KWON DO, INC.**

Principal Place of Business <b>3302 W. CYPRESS ST.                  SUITE 107                  TAMPA FL 33607</b>	Mailing Address <b>3302 W. CYPRESS ST.                  SUITE 107                  TAMPA FL 33688-3970</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3432 Colwell Ave.</b>	3. Mailing Address <b>3432 Colwell Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33614</b>	Country <b>USA</b>

4. FEI Number <b>59-3167875</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>NOYAS, JULIE                  3302 W. CYPRESS ST.                  SUITE 107                  TAMPA FL 33607</b>	7. Name and Address of New Registered Agent Name <b>JULIE NOYAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3432 Colwell Ave.</b> City <b>Tampa</b> FL Zip Code <b>33614</b>
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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 *Julie M. Noyas* DATE 3/20/2000  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P NOYAS, HECTOR JR 3432 COLWELL AVE. TAMPA FL <del>33607</del></b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST NOYAS, JULIE M 3432 COLWELL AVE. TAMPA FL <del>33607</del></b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Julie M. Noyas* DATE 3/20/2000 DAYTIME PHONE # (813) 935-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)