

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 3302 W. CYPRESS ST. SUITE 107 TAMPA FL 33607	Mailing Address 3302 W. CYPRESS ST. SUITE 107 TAMPA FL 33688-3970
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DO NOT WRITE IN THIS SPACE

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

City & State Tampa, FL	City & State Tampa, FL
Zip 33614	Country USA

4. FEI Number 59-3167875	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

7. Name and Address of New Registered Agent

**NOYAS, JULIE
~~3302 W. CYPRESS ST.
 SUITE 107
 TAMPA FL 33607~~**

Name **JULIE NOYAS**
 Street Address (P.O. Box Number is Not Acceptable)
3432 Colwell Ave.
 City **Tampa** FL Zip Code **33614**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOYAS, HECTOR JR 3432 COLWELL AVE. TAMPA FL 33688	<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	ST NOYAS, JULIE M 3432 COLWELL AVE. TAMPA FL 33688	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)