

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005298

1. Entity Name

HECTOR NOYAS TAE KWON DO, INC.

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90041 025 ***150.00

Principal Place of Business

Mailing Address

3302 W. CYPRESS ST.
SUITE 107
TAMPA FL 33607

3302 W. CYPRESS ST.
SUITE 107
TAMPA FL 33688-3970

2. Principal Place of Business

3432 Colwell Ave.
Suite, Apt. #, etc.

3. Mailing Address

3432 Colwell Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3167875

Applied For

Not Applicable

Zip

33614

Country

USA

Zip

33614

Country

USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/2000

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
NAME NOYAS, HECTOR JR
STREET ADDRESS 3432 COLWELL AVE.
CITY-ST-ZIP TAMPA FL ~~33607~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33614
☒ Change ☐ Addition

TITLE ST
NAME NOYAS, JULIE M
STREET ADDRESS 3432 COLWELL AVE.
CITY-ST-ZIP TAMPA FL ~~33607~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33614
☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP
☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/2000 (813) 935-1800

CR2E034 (9/99)