

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061070

1. Entity Name

MIAMI SHOTOKAN KARATE CLUB INC.

FILED

May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90369 028 \*\*\*150.00

0215761

Principal Place of Business

10855 SW 72ND ST  
#45  
MIAMI FL 33156

Mailing Address

10855 SW 72ND ST  
#45  
MIAMI FL 33156

2. Principal Place of Business

10855 SW 72 St  
Suite, Apt. #, etc.  
45

3. Mailing Address

10855 SW 72 St  
Suite, Apt. #, etc.  
45

City & State

Miami FL

City & State

Miami, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number

65-0446109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

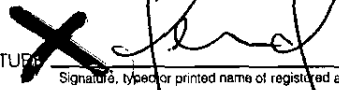
6. Name and Address of Current Registered Agent

FERRAND, JOSE B  
10855 SW 72 ST.  
#45  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name Ferrand, Jose B.  
Street Address (P.O. Box Number is Not Acceptable)  
10855 SW 72 Street  
Suite 45  
City Miami FL Zip Code 33173

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.

Jose B. Ferrand

4/23/01  
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, 2001 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

TITLE D  
NAME ESCOBIO, SUSAN  
STREET ADDRESS 4101 ALHAMBRA CIR  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Escobio  
Director

4/23/01  
Date

305-  
598-8335  
Daytime Phone #

CR2E034 (10/00)