

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 31 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024615

1. Entity Name

EAST COAST KARATE STUDIOS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1425 B EAST COMMERCIAL BLVD

Suite, Apt. #, etc.

3. Mailing Address

1425 B EAST COMMERCIAL BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL 33334

City & State

FORT LAUDERDALE, FL 33334

4. FEI Number

65-0484865

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

EAST COAST KARATE STUDIOS, INC.

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

1425 B EAST COMMERCIAL BLVD

City

FORT LAUDERDALE

FL

Zip Code  
33334

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 resigning)

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08/07/02 01055-005

\*\*\*\*550.00 \*\*\*\*550.00

9. This corporation is eligible to satisfy its Intangible

• Tax filing requirement and elects to do so  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	D LAVALLE, STEPHEN W 2400 BAYVIEW DRIVE FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/2002 (954) 776-3656

Daytime Phone #

CR2E034B (12/01)

8/1/02