FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PR@F/₩ CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000031522 (3)

UNIVERSAL MARTIAL ARTS, CORP. OF BROWARD COUNTY

FILED Sep 19 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address 3155 W. BROWARD BLVD. 3155 W. BROWARD BLVD.								r ambriddi sta sour orani davis enist bank bank band birdi stadi dina 11912 isagi 1991					
FT. LAUDERDA	NLE FL 33312	FT. LAUDE	FT. LAUDERDALE FL 33312-1110										
								3. Date Incorporated	d or Qualified	3a Dal	e of Las	t Report	
								04/18/1994	a or Qualinoa		0/1990		
2. Principal P	Place of Business		2a. Mailine	Address	- /			4. FEI Number		1 00/	0,100	Applied I	:or
21		- ├ ─ `	26				65-0492480				Not Applicable		
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional						
22		27					Fee Required						
City & Stat	ю	City &	City & State				6. Election Campaign Financing \$5.00 May Be					e	
23		28					Trust Fund Contribution Added to Fees						
Zip		Country		Zip Coun					This corporation has liability for intangible tax under s. 199.032,				32,
24	25	4 dd 6 C		29 30 Registered Agent				Florida Statules X Yes No 10. Name and Address of New Registered Agent					
5.0.00				genr	81	Nam	30	TU. Name and Adore	SS OI NOW NO	gisterea A	gent		
	WAR, MORPY		uneer		Ľ.								
	5 W. BROWARD					et Addre	ss (P.O. Box Number is	Not Acceptab	le)				
	LAUDERDALE I	L 33312			83	 							-
						<u> </u>							
,					84	City				FL	85 Z	p Code	
11. Pursuant	to the provisions	of Sections 607.050	12 and 607, 1508	. Florida Statutes	s, the abov	e-namo	ed corpo	oration submits this stat	ement for the p	urpose of	changin	a its regis	tered
office or r	registered agont,	or both, in the State	of Florida, Such	change was au	thorized b	y the c	orporatio	on's board of directors.	I hereby accep	t the appo	intment	as registe	bere
_	in aviinar with, a	<i>ت</i> یال ۱	alions of Section	1007.0305 FAN		Pr	· 1	hl 10/1/1/1/1/19	05	C	1.	6 99	1
SIGNATURE	signature, lyped or par	That name of registered age	ent and title if applicat	ile (NOTE	Registered Ag	ent signat	lure require	d when reinstraing)	μ /	DATE 7	~ 1	J-7-7	<u>~ </u>
12.		OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHAN	GES TO OFFIC	ERS AND	DIRECT		c
TITLE	D			DELETE	1.1 TITLE						Chang	e LA	ddition (S
NAME	NUWAR, MO			1.2 N									6
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NAME					4. 2 NAME								
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recommendation indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Floridation annual report or supplemental annual report is true and accurate and that my signature shall have the serious data 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 12 or Block 3 if changed, or on an attrichment with an address.