

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murthum  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 18 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051118 (5)

1. Corporation Name

UNITED MARTIAL ARTS, INC.

Principal Place of Business

4809 S.W. 148TH AVE.  
DAVE FL 33330

Mailing Address

4809 S.W. 148TH AVE.  
DAVE FL 33330

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1984

3a. Date of Last Report

4. FEI Number

65-0512454

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUDERBACK, JERALD  
4809 S.W. 148TH AVE.  
DAVE FL 33330

81 Name

FAUSTO E. LOPEZ

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

16625 S.W. 148 AVE

83

84 City

FT LAUDERDALE FL

85 Zip Code

33331

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the filer if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

4/12/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                |
|----------------|--------------------------------|
| TITLE          | PD                             |
| NAME           | LOUDERBACK, JERALD             |
| STREET ADDRESS | 4205 N UNIVERSITY DR SUITE 112 |
| CITY, ST, ZIP  | GAINES FL 33901                |
| TITLE          | PD                             |
| NAME           | FAUSTO E. LOPEZ                |
| STREET ADDRESS | 16625 S.W. 148 AVE             |
| CITY, ST, ZIP  | FT LAUDERDALE, FL 33331        |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that this information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 13 if checked, with an attachment with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

4/12/95

(305)  
434-2595