FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 12, 2001 8:00 am DOCUMENT # P94000077721 **Secretary of State** 1. Entity Name TIGER & DRAGON KENPO KARATE SCHOOL OF MARTIAL AR 03-12-2001 90483 014 \*\*\*150.00 Principal Place of Business Mailing Address 4315 NW 7TH STREET STE. 30A 4315 NW 7TH STREET STE. 30A C0033987 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0525802 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANA, JUAN Street Address (P.O. Box Number is Not Acceptable) 4315 NW 7TH STREET STE. 30A MIAMI FL 33126 Zip Code City FL 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME LANA, JUAN STREET ADDRESS STREET ADDRESS 4315 NW 7TH STREET STE. 30A CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TIT! F ☐ Delete TIT! F ☐ Change ☐ Addition NAME ALVAREZ, OSVALDO NAME STREET ADDRESS STREET ADDRESS 4315 NW 7TH STREET STE. 30A CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 33126. STD ☐ Delete ☐ Change Addition TITLE TITLE NAME VEGA, ALAN NAME STREET ADDRESS STREET ADDRESS 4315 NW 7TH STREET STE. 30A CiTY-ST-7IP CITY-ST-ZIP **MIAMI FL 33126** ☐ Change TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP

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 eath; 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:

SIGNATUR AND

TYPED OR PRINTED NAME