

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90119 027 ***150.00

DOCUMENT # P95000061117

1. Entity Name

AIKIDO TENSINKAI OF FLORIDA INC.

Principal Place of Business

**4538 CURRY FORD RD
 ORLANDO FL 32812**

Mailing Address

**4538 CURRY FORD RD
 ORLANDO FL 32812**

2. Principal Place of Business

3. Mailing Address

5412 Curry Ford Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

FL 32812 USA

4. FEI Number

59-3329650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDRADE, JOSE

**10513 HOLLY CREST DR.
 ORLANDO FL 32836**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDRADE, JOSE 10513 HOLLY CREST DR. ORLANDO FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDRADE, MARIA 10513 HOLLY CREST DR. ORLANDO FL 32836 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02 4076587882

Date

Daytime Phone #

CR2E034 (4/02)



Aachment
AIKIDO TENSINKAI OF FLORIDA, INC.

**4538 Curry Ford Road, Orlando, FL 32812
(407) 380-1450**

873774

September 11, 2002

CERTIFIED MAIL 7000 1530 0005 0245 6628

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Re: Document P95000061117
Aikido Tenshinkai of Florida, Inc.

As instructed by your Division's Representative, a new completed and signed UBR form and check are attached, since the first form that I submitted to your attention during the month of April was apparently never received by your office. I verified that the check sent with the initial form has not been cashed, therefore, I have to assume that it got lost.

Should you have any questions, please do not hesitate to contact me at:
(407)658-7885 – office; (407)658-7995 – fax; or via e-mail at:
andradeaikido@hotmail.com.

Thank you,

Daisy Vazquez

Daisy Vazquez
Administrator

DV/

Enclosures