

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90026 037 ***150.00

DOCUMENT # P96000002198

1. Corporation Name

UNIFIED MARTIAL ARTS ASSOCIATION, INC.

D/B/A IMPERIAL MARTIAL ARTS

Principal Place of Business

6240 PEMBROKE RD
MIRAMAR FL 33023

Mailing Address

6240 PEMBROKE RD
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

65-0683744

Applied For

Not Applicable

5. Certificate or Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1320 SW 160 AVE

26 1320 SW 160 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUNRISE FL

27 ~~DA~~ SUNRISE FL

City & State

City & State

23 33326

28 33326

Zip

Country

25 USA

Zip

Country

29 33326 30 USA

9. Name and Address of Current Registered Agent

ALVAREZ, GUSTAVO
6240 PEMBROKE RD
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name GUSTAVO ALVAREZ
82 Street Address (P.O. Box Number is Not Acceptable)
14291 SW 21 ST

83 DAVIE FL 33325

84 City DAVIE FL 85 Zip Code 33325

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Gustavo Alvarez

(NOTE: Registered Agent signature required when reinstating)

4/20/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ALVAREZ, GUSTAVO
STREET ADDRESS 6240 PEMBROKE RD
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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; 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gustavo Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(954) 217-6006

Daytime Phone #

CR2E034 (11/98)