2001 UNIFORM BUSINESS REPORT (UBR)

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FILED Mar 22, 2001 8:00 am Secretary of State DOCUMENT # P96000065409 USA GOJU KARATE, INC. 03-22-2001 90042 029 ***150.00 Principal Place of Business Mailing Address 7927 JOHNSON ST. 7927 JOHNSON ST. PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address 1627 NW 11 ST 11627 NW 11ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0718339 PINES PEMBLOKE Pembroke HINOS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33026 33026 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REIZNER, DANIEL -- -Street Address (P.O. Box Number is Not Acceptable) 7927 JOHNSON ST. PEMBROKE PINES FL 33024 Zip Code 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 10. Election Campaign Financing **\$5.00** May Be 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. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DANIEL REIZNER STREET ADDRESS 7927 JOHNSON ST. #9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee of