

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91240 038 ***150.00

DOCUMENT # P97000020550

1. Entity Name
RAZOR EDGE KENPO KARATE ACADEMY, INC.

Principal Place of Business
4619 10TH AVENUE NORTH
LAKE WORTH FL 33463

Mailing Address
P.O. BOX 15515
WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address
4619 10th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lake Worth FL.

4. FEI Number **65-0732814**

Applied For
 Not Applicable

Zip

Country

Zip
33463

Country

USA

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

MULLER, SHERRY
4619 10TH AVENUE NORTH
LAKE WORTH FL 33463

Name **Cindy Graham**
 Street Address (P.O. Box Number Not Acceptable)
4619 10th Ave N.
 City **Lake worth** **FL** Zip Code **33463**

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 *Cynthia Graham*

(NOTE: Registered Agent signature required when reinstating)

4/25/02
 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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLER, SHERRY 4619 10TH AVENUE NORTH LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM, CINDY 4619 10TH AVENUE NORTH LAKE WORTH FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 **(561) 357-8921**
 Date Daytime Phone #

CR2E034 (9/01)