

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090746

1. Entity Name

COSWELL TAEKWONDO CENTER, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90901 026 \*\*\*150.00

Principal Place of Business

Mailing Address

17070 COLLINS AVE  
STE 266B  
SUNNY ISLES BEACH 33160

17070 COLLINS AVE  
STE 266B  
SUNNY ISLES BEACH FL 33160-3653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0789761

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOPMAN, GLENN CPA  
20451 SW 2ND AVE  
STE 201  
MIAMI FL 33169

Name

GLENN GOPMAN

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

17070 COLLINS AVE

SUITE 266B

City

SUNNY ISLES BEACH FL

Zip Code

33160

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

*Glenn H. Gopman*

GLENN H. GOPMAN

4/28/00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 PD ☐ Delete  
NAME BURRELL, COSWELL  
STREET ADDRESS 2012 NE 155 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME BURRELL, DAWN  
STREET ADDRESS 2012 NE 155 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Coswell Burrell* COSWELL BURRELL

Date

4/28/00 305-949-2111

Daytime Phone #

CR2E034 (9/99)