

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000000400**1. Entity Name
HARTMAN'S BLACK BELT STUDIOS, INC.Principal Place of Business
1011 SUNSET STRIP
SUNRISE FL 33322
Mailing Address
P.O. BOX 450364
SUNRISE FL 333452. Principal Place of Business
10115 SUNSET STRIP
3. Mailing Address
3932 NW 94TH WAY

Suite, Apt. #, etc.

City & State
SUNRISE FL
City & State
SUNRISE FLZip
33322
Country
Zip
33351
Country4. FEI Number
65-0805141
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HARTMAN R. RHOADES**
3098 NW 110 AVENUE

SUNRISE FL 33322**7. Name and Address of New Registered Agent**Name
HARTMAN R. RHOADES
Street Address (P.O. Box Number is Not Acceptable)
3932 NW 94TH WAY

City
SUNRISE FL 33351

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 **R. RHOADES HARTMAN**

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

(NOTE: Registered Agent signature required when reinstating)

09/15/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
HARTMAN RICHARD ☐ Delete
3098 NW 110 AVENUE
FORT LAUDERDALE FL 33322TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
HARTMAN R R ☒ Change ☐ Addition
3932 NW 94TH WAY
SUNRISE FL 33351TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: R. Rhoades Hartman

PTS

09/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)