

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90117 026 ***150.00

DOCUMENT # P98000015905
1. Entity Name
 A+ KARATE, INC.

Principal Place of Business **Mailing Address**
 #106 FORBES PLAZA
 5920 JOHNSON ST HOLLYWOOD FL
 33021

2. Principal Place of Business 5920 JOHNSON ST Suite, Apt. #, etc. 106 City & State HOLLYWOOD FL Zip 33021 Country USA		3. Mailing Address 5920 JOHNSON ST Suite, Apt. #, etc. 106 City & State HOLLYWOOD FL Zip 33021 Country USA	
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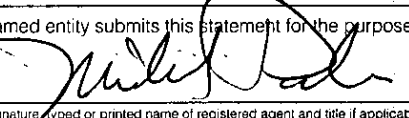
DO NOT WRITE IN THIS SPACE

4. FEI Number EIN 65-0816517 ☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 YOSHIFUMI OYAMADA
 #215 HBR 101 N OCEAN DR
 HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
 Name MICHAEL PALEVO
 Street Address (P.O. Box Number is Not Acceptable) 6453 ORANGE DR
 City DAVIE FL Zip Code 33314

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  DATE 4-10-2001
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 (See criteria on back) ☒ **NO**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	YoshiFumi OYAMADA <input checked="" type="checkbox"/> Delete President 215 101 N OCEAN DR HOLLYWOOD FL 33019
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"/> 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	new President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Palevo 6453 ORANGE DR. DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **DATE** APR 21 '01 **DAYTIME PHONE #** 929 984-985493
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)