2001 UNIFORM BUSINESS REPORT (UBR)

Jan 12, 2001 8:00 am Secretary of State DOCUMENT # P98000017152 1. Entity Name 01-12-2001 90044 008 ***150.00 SUL'S ATA, INC. Mailing Address Principal Place of Business SUL'S ATA INC. KARATE FOR KIDS UPDUBUBL 6840 FOREST HILL BLVD 6840 FOREST HILL BLVD WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3497650 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUL, CHONG Street Address (P.O. Box Number is Not Acceptable) 916 WATERWAY VILLIAGE CT WEST PALM BEACH FL 33413 Zip Code 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 tale it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change Addition ☐ Delete TITLE TITLE **PVST** NAME NAME SUL, CHONG STREET ADDRESS STREET ADDRESS 6840 FOREST HILL BLVD CITY-ST-ZIP CITY-ST-7IP W PALM BEACH FL 33413. ☐ Addition ☐ Change TITLE ☐ Defete TITLE D NAME NAME SUL, CHONG STREET ADDRESS STREET ADDRESS 6840 FOREST HILL BLVD CITY-ST-ZIP CITY-ST-7IP W PALM BEACH Ft. 33413 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [7] Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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