

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
07-13-2000 90019 029 ***158.75
FILED

B.104 C

DOCUMENT # P98000041072

1. Entity Name
NEW MILLENNIUM TAE KWON DO, INC.

00 AUG 21 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1731 N.W. 2ND STREET, APT. B-4 1731 N.W. 2ND STREET, APT. B-4
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-1591

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FFI Number Applied For
65-1032754 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
misplaced
BANAPARTE, LEO G ESQ.
1731 N.W. 2ND STREET, APT. B-4
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
Name LEO G. BONAPARTE
Street Address (P.O. Box Number is Not Acceptable)
1731 N.W. 2ND STREET, APT. B-4
City Deerfield Beach FL Zip Code 33442

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 *Leo G. Bonaparte* DATE 4/24/00
Signature, typed or printed name of registered agent and fee, 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D BONAPARTE, LEO G 1731 N.W. 2ND STREET, APT. B-4 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: *Leo G. Bonaparte* DATE 4/24/00 (884) 421-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment Doc # ~~XXXXXXXXXX~~
P98000041072

80102801

B. J. [unclear]

To whom it may concern,

I am writing this letter to inform you that my document # P98000041072 was received by your office and was returned to me because the form was not complete.

I had not received my mail for several weeks due to the fact that my apartment mailbox had been changed to a new area of my apartment complex.

I spoke with Michelle Milligan about the situation.

Michelle told me to write this letter explaining my circumstances and said that there should not be a problem.

Aside in the completed document and a check.

Thank You,

Sincerely, Leo H. Bonoparte