

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072071

1. Entity Name

ULTIMATE TAE-KWONDO ACADEMY, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90019 016 ***150.00

Principal Place of Business

1490 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address

1490 S. MILITARY TRAIL
WEST PALM BEACH FL 33415-9190

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0861051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEVRIES, NATASHA
1490 S. MILITARY TRAIL
SUITE 7
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name

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

City

FL

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 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	TENN, ASTON	
STREET ADDRESS	1490 S. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TENN, YVONNE	
STREET ADDRESS	1490 S. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TENN, ALVIS	
STREET ADDRESS	1490 S. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEVRIES, NATASHA	
STREET ADDRESS	1490 S. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-964-0747

CR2E034 (9/99)