2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P98000079541** SOO BAHK DO KARATE INSTITUTE, INC. 04-12-2000 90083 029 ***150.00 Principal Place of Business Mailing Address 21295 S.W. 376TH STREET 10674 SW 186 ST. HOMESTEAD FL 33034-6109 MIAMI FL 33157 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0863166 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ramire 2 Michae! RAMIREZ, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 15844 S.W. 305TH TERRACE HOMESTEAD FL 33033 Franklyn Ave. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition Change TITLE ☐ Delete TITLE NAME TENEDORIO, DAVID B NAME STREET ADDRESS STREET ADDRESS 21295 S.W. 376TH STREET CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33034 Change ☐ Addition ☐ Delete TITLE TITLE Raminaz, Michal NAME RAMIREZ, MICHAEL NAMÉ 7. 49A 1055 N. Franklyn Ave. STREET ADDRESS STREET ADDRESS 15844 S.W. 305TH TERRACE CITY-ST-ZIP Homestead CITY-ST-ZIP HOMESTEAD FL 33033 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME n.);2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 trusfee 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. changed, or on an attachment ess, with all other like empowered