

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084379

1. Entity Name

AMERICAN T.K.A. UNIVERSAL MARTIAL ARTS INC.

**FILED**  
**Feb 18, 2000 8:00 am**  
**Secretary of State**

02-18-2000 90090 001 \*\*\*150.00

Principal Place of Business

Mailing Address

3731 NW 115 TERRACE  
SUNRISE FL 33323

3731 NW 115 TERRACE  
SUNRISE FL 33323-1111

2. Principal Place of Business

3. Mailing Address

8604 State Rd. 84

8604 State Rd. 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE, FL

DAVIE, FL

4. FEI Number

NOT APPLICABLE

☒ Applied For

☐ Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANDUL, JAVIER G  
3731 NW 115 TERRACE  
SUNRISE FL 33323

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
GANDUL, JAVIER G  
3731 NW 115 TERRACE  
SUNRISE FL 33323

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)