

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104345

1. Entity Name

US Martial Art Supply

Principal Place of Business

Mailing Address

490 North Street #116  
Longwood FL 32750

490 N. Street #116  
Longwood FL 32750

2. Principal Place of Business

3. Mailing Address

490 North Street #116

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood FL 32750

Zip

Country

Zip

Country

4. FEI Number

59-3550644

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

7. Name and Address of New Registered Agent

Gun Kim

Name

490 North Street #116

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

490 N. Street #116

Longwood FL 32750

City

Longwood

FL

FL

Zip Code

32750

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 3, 2001, Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$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  
President  
Gun Kim  
490 N. Street #116  
Longwood FL 32750

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP  
☐ Change ☐ 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:

Gun Kim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

Daytime Phone #

CR2E034 (10/00)