

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013780

1. Entity Name

NUNCHAKU - DO USA, INC.

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90031 046 ***150.00

Principal Place of Business

#1718
1151 FAIRLAKE TRACE
WESTON, FL 33326

Mailing Address

1151 FAIRLAKE TR. #17
WESTON, FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0895030

Applied For

Not Applied For

Zip

Country

Zip

Country

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

RICHARD A.J. BAKKER

1151 FAIRLAKE TRACE #1718
WESTON, FL 33326

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 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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RICHARD A.J. BAKKER
SAME AS ABOVE

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
WEISER, VOLKERT D.
SAME AS ABOVE

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
MARCELLINO, JAMES
SAME AS ABOVE

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEWEIJER, VOLKERT
SAME AS ABOVE
☒ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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:

President

RICHARD A.J. BAKKER

3/15/00 (954) 385-4821

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #