2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

with all other like empowered.

Jan 23, 2001 8:00 am DOCUMENT # P99000013780 **Secretary of State** NUNCHAKU - DO USA, INC. 01-23-2001 90046 030 ***150.00 Principal Place of Business Mailing Address 1151 FAIRLAKE TRACE #103 1151 FAIRLAKE TRACE #103 WESTON FL 33326 WESTON FL 33326 BUIUGA 3. Mailing Address 2. Principal Place of Business 1151 FAIRLAKE TRACE 1151 FAIRLAKE TRACE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE 1718 **MOD**ELLA STATE BRITUUTION SUITE 1718 City & State 4. FEI Number Applied For 65-0895030 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kichard BAKKER RICHARD A.J. BAKKER Street Address (P.O. Box Number is Not Acceptable) 1151 FAIRLAKE TRACE #103 WESTON FL 33326 1151 FAIRLAKE TRACE MATURINO 8.—The above named entity submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition THE TITLE Delete SUITE RICHARD A.J. BAKKER NAME NAME AMPL 1718 STREET ADDRESS STREET ADDRESS 1151 FAIRLAKE TRACE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 TITLE ☐ Change ☐ Addition TITLE ☐ Delete DEWEIJER, VOLKERT NAME SUITE NAME 1151 FAIRLAKE TRACE WAS GOOD TO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete SUITE MARCELLINO, JAMES A NAME NAME 1151 FAIRLAKE TRACE AND ISHIP 1718 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 mystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if