

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000015137**

1. Entity Name

**ADVANCED MARTIAL CONCEPTS, INC.****FILED****Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90055 001 \*\*\*150.00

Principal Place of Business <b>8895 N MILITARY TRAIL BLDG E SUITE 106 PALM BEACH GARDENS FL 33410 US</b>	Mailing Address <b>8895 N MILITARY TRAIL BLDG E SUITE 106 PALM BEACH GARDENS FL 33410 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**C0048770**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0908128**

Applied For

Not Applicable

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****OCASIO, ALFONSO  
91 WILLOW ROAD #202  
TEQUESTA FL 33469**

Name

**Alfonso Ocasio**

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

**6180 Dania ST.**

City

**Jupiter****FL**

Zip Code

**33458**

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, 2001 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	<b>D</b> <b>OCASIO, ALFONSO</b> <b>C/O 91 WILLOW ROAD #202</b> <b>TEQUESTA FL 33469</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>Alfonso Ocasio</b> <b>6180 Dania ST.</b> <b>Jupiter, FL 33458</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OCASIO, ALFONSO</b> <b>6190 DANIA ST</b> <b>JUPITER FL 33458</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>Alfonso Ocasio</b> <b>6180 Dania ST.</b> <b>Jupiter, FL 33458</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: **Alfonso Ocasio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)