2000 UNIFORM BUSINESS REPORT (UBR)

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DCCU 1. Fatity Nam	MENT# P99000	00 2 33 48							
EXPLOSION'S CAPOEIRA ACADEMY, INC.					v.	FILED 00 OCT 27 AN II: 02			
Principal Place 1369 Pompa	e of Business E. Sample Rd no Beach-FC 3	Mailing Address 136° 3064 Pointer	7 E.	Sample Beach-	Rd. FL	SECRETARY OF S TALLAHASSEE FLO	II: 02 TATE PRIDA	•	
<u>-</u>	lace of Business	3. Mailing Address		33	264				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65-0773767	 	pplied For ot Applicable		
Zip	Country	Žip	Cour	itry		5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional	
_	6. Name and Address of Current F	Registered Agent		···-		7. Name and Address of New Registered	Agent		
3-	C 50 C 150	-0 5 .		Name					
- DOS SANTOS, CLEBER S. 1369 E. Sample Rd				Street A	Address (P.O. Box Number is Not Acceptable)				
Penpano Beach, FL 33064				City	City Zip Code				
	•			City		F	L 270 000		
9. This corporate filling r	named entity submits this statement for signature lived or printed name of registered agents or pration is eligible to satisfy its Intangible requirement and elects to do so.	ond title if applicable. (NOTE	Registere	d Agent signati IS \$150. WIII be \$5	ure required w 00 550.00	then reinstating) 10. Election Campaign Financing Trust Fund Contribution		OO May Be d to Fees	
(See criter	ria on back)	Make Check Payab	le to D	epartmen	t of State	THE PLANE			
11.	OFFICERS AND	DIRECTORS	12.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDV DOS SANTOS, CLEBER 1369 E. Sample Rd Pompano Beach	_	1		1369	SANTOS, CLEBER S. E. Sample Rol pano Beach, Il 330	Change □	Addition 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
TITLE NAME STREET ADDRESS	SANTOS, CLAUDIO J 1369 E. Sample Ro Pompano Beach · F	Delete	TITL NAM STRI			200003460 -11/13/001	☐ Change		
CITY-ST-ZIP	Pompano Beach - F	-L 33064	CITY	-ST-ZIP		****150.00	麦生辛米1	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				:	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition	
13. I hereby	certify that the information supplied with	this filing does not qualify for	the exe	emption sta	ted in Sec	ction 119.07(3)(i), Florida Statutes. I further or	ertify that the	information	

SIGNATURE:

USIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1369 E. Sample Road POMPANO BEACH – FL 33064

RE: EXPLOSION'S CAPOEIRA ACADEMY, INC. P99000023378

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE AND REVERSE MY ADMIN DISSOLUTION FOR ANNUAL REPORT. UP TO THIS DATE, I DID NOT RECEIVE THE ANNUAL REPORT STATEMENT EITHER IN MY BUSINESS OR HOME ADDRESS. I WAS NOT AWARE I NEEDED TO FILE AN ANNUAL REPORT. BECAUSE IT'S THE FIRST TIME THAT I HAVE A CORPORATION, I AM STILL KIND OF NEW WITH THE PAPERWORK. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO FILE THE ANNUAL REPORT.

SINCERELY,

ELEBER DOS SANTOS

EXPLOSION'S CAPOEIRA ACADEMY, INC.

PRESIDENT

CHABLE SOCIAL CANADA EXPENSIONE CANADA ACAMBISTO FOI CHABLE SOCIAL