

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000023378

1. Entity Name

EXPLOSION'S CAPOEIRA ACADEMY, INC.

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90060 044 ***150.00

979057

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1369 E SAMPLE RD. POMPAÑO BEACH, FL 33064	Mailing Address 1369 E SAMPLE RD. POMPAÑO BEACH, FL 33064
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2. Principal Place of Business Suite Apt.#, etc. City & State Zip	3. Mailing Address Suite Apt.#, etc. City & State Zip
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4. FEI Number 65-0773767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$9.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPAÑO BEACH, FL 33064

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW! FEE IS \$150.00 After MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDV DOS SANTOS, CLEBER S. 1369 E SAMPLE RD. POMPAÑO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE  **CLEBER DOS SANTOS - PRESIDENT** 09/05/02 (954) 783-3612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

9790521

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2002 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

P99000023378

Re: Filing of Uniform Business Report 2001
P99000023378
EXPLOSION'S CAPOEIRA ACADEMY, INC.

To Whom It May Concern:

This letter is to inform you that we have never received a
Uniform Business Report form in the mail.

We would like to request you that you forgive all extra
fees and penalties other than the primary of \$150.00 and
accept the filling of our attached UBR, which has been
prepared by our accountant.

Any questions or concern, feel free to contact our
accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,



Cleber dos Santos - President
EXPLOSION'S CAPOEIRA ACADEMY, INC.
1369 E. Sample Road
Pompano Beach, FL 33064
Phone (954) 783-3612