2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

P99000034377 **DOCUMENT #**

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

SOSA MARTIAL ARTS, INC.

Principal Place of Business



FILED Mar 20, 2003 8:00 am 3 Secretary of State

03-20-2003 90157 011 ***150.00

530 PINE COURT ALTAMONTE SPRNGS FL 32714		530 PINE COURT ALTAMONTE SPRNGS FL 32714				
2. Principal Place of Business		3. Mailing Address		: LOUISMAN LES NOIME ANNI NOME NOUME		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3582552 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent		
	and the second		Nam	me-		
SOSA, JULIO D 530 PINE COURT				Street Address (P.O. Box Number is Not Acceptable)		
ALTAMONTE SPRNGS FL 32714			City			
the obliga	tions of registered agent.	ent for the purpose of changing	its registered offic	ice or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	OTE: Registered Agent s	signature required when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 ir May 1, 2003 Fee will be \$550 k Payable to Florida Departme	.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	, OFFICERS ,	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, JULIO D 530 PINE COURT ALTAMONTE SPRNGS FL 32	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, JULIO R 530 PINE COURT ALTAMONTE SPRNGS FL 32	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRE	Change Addition		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

☐ Delete

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☐ Delete

Change

☐ Change

Change

☐ Addition

Addition

☐ Addition