

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000044216**1. Entity Name
BLACKSTARR'S KARATE, INC.

Principal Place of Business

738 RIVERSIDE DR.

CORAL SPRINGS

33071

FL

Mailing Address

738 RIVERSIDE DR.

CORAL SPRINGS

33071

FL

2. Principal Place of Business

740 RIVERSIDE DR.

3. Mailing Address

740 RIVERSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS

FL

City & State

CORAL SPRINGS

FL

Zip

33071

Country

Zip

33071

Country

4. FEI Number

65-0921928

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HERZFELD RICHARD
738 RIVERSIDE DR.CORAL SPRINGS
33071

FL

7. Name and Address of New Registered Agent

Name

HERZFELD RICHARD

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

740 RIVERSIDE DR.

City
CORAL SPRINGS

FL

Zip Code
33071

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 _____ **01/23/2001**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKSTAR KAISER B	
STREET ADDRESS	738 RIVERSIDE DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERZFELD RICHARD	
STREET ADDRESS	738 RIVERSIDE DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKSTAR KAISER B	
STREET ADDRESS	740 RIVERSIDE DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERZFELD RICHARD	
STREET ADDRESS	740 RIVERSIDE DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Richard Herzfeld

Pres

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)