

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073549

1. Entity Name

TAI-KIO-KEN AEROBICS, INC.

FILED  
Apr 28, 2002 8:00 am  
Secretary of State

03-11-2002 90016 011 \*\*\*150.00

Principal Place of Business

2266 1/2 SW 14 ST  
MIAMI FL 33145

Mailing Address

2266 1/2 SW 14 ST  
MIAMI FL 33145

2. Principal Place of Business

2238 SW 14 ST  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 451921  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0942925

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33245

Country

USA

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

HERNANDEZ, PEDRO D  
2266 1/2 SW 14 ST  
MIAMI FL 33145

Name

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

P.O. Box 451921

2238 SW 14 ST

City

Miami

FL

Zip Code

33245, 33145

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 of person or persons authorized to change 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! FEES \$160.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$8.00 May be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PO                 | <input type="checkbox"/> Delete |
| NAME           | HERNANDEZ, PEDRO D |                                 |
| STREET ADDRESS | 2266 1/2 SW 14 ST  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33145     |                                 |
| 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    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

|                |                 |  |
|----------------|-----------------|--|
| TITLE          |                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |  |
| STREET ADDRESS | P.O. Box 451921 |  |
| CITY-ST-ZIP    | Miami, FL 33245 |  |
| 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 lines empowered.

SIGNATURE: X

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

(305) 857-3448

Daytime Phone #

CR2034 (9/01)