

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075366

1. Entity Name  
WEST DADE SHOTOKAN KARATE CENTER INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90149 027 \*\*\*150.00

Principal Place of Business  
13291 SW 124TH STREET  
MIAMI FL 33186

Mailing Address  
13291 SW 124TH STREET  
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  Applied For  
 Not Applicable

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

ANDREWS, RALPH  
14500 SW 280 ST  
#150  
HOMESTEAD FL 33032

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)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANDREWS, RALPH F D 14500 SW 280 ST #150 HOMESTEAD FL ;3303-2 <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	SD TORRES, LOURDES I D 8600 SW 133RD RD #203 MIAMI FL 33183 <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	VD TORRES, RUBEN 8600 SW 133RD RD #203 MIAMI FL 33183 <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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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: *[Signature]* SIGNATURE REQUIRED

Aug 30 2000 (305-245-1284)

CR2E034 15/000

attachment

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00085424

August 30, 2000

**West Dade Shotokan Karate Center Inc.**  
13291 SW 124<sup>th</sup> Street  
Miami, Fl. 33186-6437  
305-26-5800

Division of Corporations  
Florida Department of State  
Katherine Harris  
Secretary of State

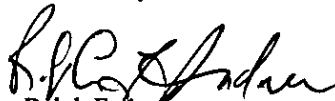
Ref: 2000 Uniform Business Report (Document #P99000075366)

To Whom It May Concern:

Having talked to and email several people from your office (Division of Corporations) about my problem filing our 2000 Uniform Business Report on time, I am now doing what they told me to do.

We did not receive the first copy that was send to us, therefor I did not file on time. I am now filing this one as our first notice to do so. It is our hope that you will allow us to do this at this time, and I have been told that is I do not receive next years notice by the end of January, 2001 to call and you will send a new one.

Thank you

  
Ralph F. Andrews

Please send check # 1089 for \$150.00 to cover this cost.

