CAPITAL CONNECTION 850 222 122 04/04 '01 10:39 NO.664 02/02
2001 UNU PRIMABUSINESS EXPAT (UBR)



DOCUMENT # P990000 9/322				C-100
KNOCKOUT MANAGEMENT, INC.				OI APR -5 PM 1:42
Principa Hade of Business  //// SW 3/ST STREET  SUITE /				SEGRETÀRY OF STATE TALLAHASSEE, FLORIDA
FT. LAUDERDALE, FL 33317  2. Principal Place of Business  3. Multing Address				
2. Principal Pla	ce of Business	a. Maiing Acoless		
Suite, Apt. #	, etc	Suite, Apt. ≠, etc.		DC NGT WRITE IN THIS SPAGE
City & State		City & State		4. FEI Number   Apol ec For   Not. Apol ec For   No
Zp	Country	Zip	Country	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
-0.00			Name	
DOLORES K. SANCHEZ, P.A. 4701 N. FEDGERZ HIGHWAY			Strest Add	ess (PO. Box Number is Not Acceptable)
SUITE				<b>₽</b> } \ Zip Cade
1	THOUSE POINT,	•	City	r L
8. The acove	named entity supposts this statement fo	riths purpose of changing its f	egistered of celorin	egistered agent, or both, in the State of Florida.
SIGNATURE _	Signature, yourd or printed name of registance agent	end after it woo who E. (NOTE	Ragistered Again signatur	e course when rainstakry)  Out E
9. This corpor Tax filling re	rration is eligible to satisfy to innangible equirement and elects to do so.	FILE NOWH	FEE IS \$150.0 If Fee will be \$8 Is to Department	Trust Fund Contribution.   Added to Fees
11.	OFFICERS AND	D RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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13. I hereby ndicate of the co	certify that the Information supplied wild on this report or suppliemental sport or provident or the receiver arrivase emission of the receiver arrivase emissions.	th this filed does not qualify to is true and accurate and that powered to execute this repor-	r the examption sta my signature shall h t as required by Cha	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information lave the same legal effect as if made under both that I am an officer or director lipter 807. Florida Statutes; and that my name appears in Block 11 or Block 12 i
į	V 111 1A	VIII CALLET AND WEST		
SIGNA	TURE:	AFFINITED NAME OF SIGNING CEFFICES	ORDINECTOR	4/4/01 (954)668-5900

## LAW OFFICES

## 2012

## Dolores K. Sanchez, P.A.

4701 NORTH FEDERAL HIGHWAY SUITE 316 · BOX B-1 LIGHTHOUSE POINT, FLORIDA 33064

PHONE (954) 785-8585

FAX (954) 785-6163

April 4, 2001

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Knockout Management, Inc.

Dear Sir/Madam:

This office represents the above corporation. It has recently come to my client's attention that the corporation was administratively dissolved for failure to file the 2000 Uniform Business Report. My client never received the 2000 UBR. The address of the business changed last year, and my client notified the Division of the change. Enclosed is a copy of the letter previously sent to the Division. It seems that the corporate records were not updated to reflect the change of address, and as such, the 2000 UBR was never forwarded to my client.

My client respectfully requests that the reinstatement fee/penalty be waived as the 2000 UBR was never received. Enclosed please find a substitute 2000 UBR and 2001 UBR along with a check for \$300.00 for the annual fee for each year. Please process this request as soon as possible. Thank you for your anticipated cooperation. If you have any questions, please do not hesitate to contact me.

Sincerely,

Dolores K. Sanchez

Enclosure Cc: client