

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098871

1. Entity Name

AMERICAN BUSHIDO GOJU, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90097 001 ***150.00

Principal Place of Business

Mailing Address

C/O MICHAEL D. EHRENSTEIN, ESQ.
201 S BISCAYNE BLVD. 17TH FLOOR
MIAMI FL 33131

C/O MICHAEL D. EHRENSTEIN, ESQ.
201 S BISCAYNE BLVD. 17TH FLOOR
MIAMI FL 33131-4325

040920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

261-66-0390

Applied For

Not Applicable

Zip

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

EHRENSTEIN, MICHAEL D ESQ
201 S BISCAYNE BLVD, 17TH FLOOR
MIAMI FL 33131

Name Miami Center Registered Agents, Inc.

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

201 S. Biscayne Blvd., Ste. 1700

City Miami

FL

Zip Code 33131

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

Michael Ehrenstein Michael Ehrenstein

4/11/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS Joseph Kelljichian
CITY-ST-ZIP 5031 S.W. 160 Ave.
Ft. Lauderdale, FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Joseph Kelljichian Joseph Kelljichian 4-24-00 (954) 434-7087

Date

Daytime Phone #

CR2E034 (9/99)