

# 2000 UNIFORM BUSINESS REPORT (UBR)

10x2

DOCUMENT # 99000104425

1. Entity Name

OLYMPIC TAE KWON DO CENTER

Principal Place of Business

Mailing Address

2756 N. UNIVERSITY DR.  
DAVIE, FL 33024

FILED

00 DEC -5 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650976127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNNY J. MORALES

10212 SW 51st

COOPER CITY FL 33328

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

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
JOHNNY MORALES  
2756 N. UNIVERSITY DR.  
DAVIE, FL 33328

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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100003509281--5

-12/20/00--01084--006

\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

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CITY-ST-ZIP

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CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/29/00 (954) 477-1341

KE

## **Olympic TaekwonDo Center**

2756 N. University Dr.  
Davie, FL 33024

Phone 954-447-1361  
Fax 954-447-1362

October 13, 2000

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

To whom it may concern,

My name is Johnny J. Morales, I am the owner of the Olympic Tae Kwon Do Center Inc. The purpose of this letter is to try and understand what is going on with my Corporation. I had made the call on Thursday approximately 1:00 p.m. I was informed my corporation had been dissolved. Upset and confused, I was explained to by one of your representatives that no matter how long the corporation has been open, it must always be renewed in May. I also explained to your representative that I was not notified about my renewal. He explained to me that there had been some type of mix up. That I had to send my renewal fee with this letter. He was very helpful and understanding. I am very appreciative. Thank you for your understanding, for a new business owner.

Sincerely,

Johnny Morales  
(Owner)