

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90656 011 ****61.25

DOCUMENT # N02000005411

1. Entity Name

**INTERNATIONAL PHILIPPINE MARTIAL ARTS MASTERS
AND GRANDMASTER'S UNION AND HALL OF FAME,**



Principal Place of Business

5949 CAROLINE DRIVE
WESLEY CHAPEL FL 33544

Mailing Address

5949 CAROLINE DRIVE
WESLEY CHAPEL FL 33544

04051061



MOORE CR2E037 (11/03)

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

30-0125672

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

LAZO, FEDERICO T
5949 CAROLINE DRIVE
WESLEY CHAPEL FL 33544

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME LAZO, FEDERICO T
STREET ADDRESS 5949 CAROLINE DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☐ Delete
NAME LAZO, FREDERICK B JR
STREET ADDRESS 5949 CAROLINE DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☐ Delete
NAME PRESAS, ERNESTO A SR
STREET ADDRESS 124 ROLPH ST
CITY-ST-ZIP SAN FRANCISCO CA 94112

TITLE ☐ Delete
NAME DEL CASTILLO, STEPHEN
STREET ADDRESS 29813 STATE ROAD 54
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Federico Lazo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-04 1(813) 973-1620