

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007075

1. Entity Name

INTERNATIONAL ALLIANCE OF COMBATANTS, INC.

FILED
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90044 036 ****61.25

Principal Place of Business

444 BRICKELL AVENUE
 SUITE 51-404
 MIAMI FL 33131

Mailing Address

444 BRICKELL AVENUE
 SUITE 51-404
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEL Number

65-1049414

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

CHIROUSSOT-CHAMBEAUX, DANIEL
 444 BRICKELL AVENUE
 SUITE 51-404
 MIAMI FL 33131

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

FILE NOW - FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHIROUSSOT-CHAMBEAUX, DANIEL	
STREET ADDRESS	444 BRICKELL AVENUE, SUITE 51-404	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHIROUSSOT-CHAMBEAUX, DANIELLE	
STREET ADDRESS	444 BRICKELL AVENUE, SUITE 51-404	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIROUSSOT-CHAMBEAUX, PHILIPPE	
STREET ADDRESS	444 BRICKELL AVENUE, SUITE 51-404	
CITY-ST-ZIP	MIAMI FL 33131	
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE: *Daniel Chiroussot-Chambeaux* 8/9/01

CR2E037 (5/01)