

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

10-03-2002 90051 003 \*\*\*550.00

**DOCUMENT # P01000012570**1. Entity Name  
**INTERNATIONAL MARTIAL ARTS ASSOCIATION, INC.**

Principal Place of Business

**9107C SW 20TH ST  
FT LAUDERDALE FL 33324**

Mailing Address

**9107C SW 20TH ST  
FT LAUDERDALE FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1072008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, STACEY  
9107C SW 20TH ST  
FT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent

Name **Michael Allen**

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

**9107C SW 20th St**City **Ft. Lauderdale****FL**Zip Code **33324**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **9/30/02**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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **D** ☒ Delete  
NAME **ALLEN, STACEY**  
STREET ADDRESS **9107C SW 20TH ST**  
CITY-ST-ZIP **FT LAUDERDALE FL 33324**TITLE **President / Director** ☐ Change ☒ Addition  
NAME **Michael Allen**  
STREET ADDRESS **9107C SW 20th St**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33324**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **Vice President** ☒ Change ☐ Addition  
NAME **Stacey Allen**  
STREET ADDRESS **9107C SW 20th St.**  
CITY-ST-ZIP **Ft. Lauderdale FL 33324**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Stacey Allen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate **9/30/02**  
Daytime Phone #

CR2E034 (4/02)