

AMENDED

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **997000023817**

Entity Name **World Boxing Association of North America, Inc.**

00 JUL 21 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business **Million Bank Center** Mailing Address **SAME**

**39th Floor**

**735 Market Street**

**Philadelphia, PA 19103**

Principal Place of Business **SAME**

Suite, Apt. #, etc. **SAME**

DO NOT WRITE IN THIS SPACE

City & State **PA** City & State **FL**

4. FEI Number **51-0006522** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**CT Corporation System**

**1200 South Pine Island Road**

**City of Plantation, FL 33324**

7. Name and Address of New Registered Agent

Name **Gilberto Mendoza**

Street Address (P.O. Box Number is Not Acceptable) **P.O. Box 377-A Maracay**

City **2101 Edo Aragua, Venezuela** Zip Code **2101**

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 **Amy Binns Ives** (NOTE: Registered Agent signature required when reinstating) DATE **7-17-00**

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President/Treasurer</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Amy Binns Ives</b>		NAME <b>Gilberto Mendoza</b>	
STREET ADDRESS <b>1735 Market Street, 39th Floor</b>		STREET ADDRESS <b>P.O. Box 377-A Maracay</b>	
CITY-ST-ZIP <b>Philadelphia, PA 19103</b>		CITY-ST-ZIP <b>2101 Edo Aragua, Venezuela</b>	
TITLE <b>Vice President/Secretary</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Vice President/Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>James J. Binns, Jr.</b>		NAME <b>Gilberto Jesus Mendoza</b>	
STREET ADDRESS <b>1735 Market Street, 39th Floor</b>		STREET ADDRESS <b>P.O. Box 377-A Maracay</b>	
CITY-ST-ZIP <b>Philadelphia, PA 19103</b>		CITY-ST-ZIP <b>2101 Edo Aragua, Venezuela</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

NATURE: **Amy Binns Ives** **Amy Binns Ives** **7-17-00** **215-557-8000**