

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039714

1. Entity Name

W.B.A. INTERNATIONAL MANAGEMENT, INC.

Principal Place of Business

1323 S.E. 17TH STREET
SUITE 552
FT. LAUDERDALE FL 33316

Mailing Address

1323 S.E. 17TH STREET
SUITE 552
FT. LAUDERDALE FL 33316

2. Principal Place of Business

691 NW 33 ST

Suite, Apt. #, etc.

3. Mailing Address

691 NW 33 ST

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

Zip

33309

Country

USA

City & State

FT. LAUDERDALE

Zip

33309

Country

USA

4. FEI Number

65-0897279

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELBY, MATT
7300 W. CAMINO REAL, #126
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE **P** ☒ Delete
NAME **INGRAM, PAUL**
STREET ADDRESS **691 N.W. 33 STREET**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **SELBY, MATTHEW**
STREET ADDRESS **691 N.W. 33 STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/00

Date

954 522 7248

Daytime Phone #

FILED
Aug 28, 2000 8:00 am
Secretary of State

04-06-2000 90036 010 ***150.00

08-28-2000 90060 025 ***558.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)