

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000039714**

1. Entity Name

W.B.A. INTERNATIONAL MANAGEMENT, INC.

Principal Place of Business

691 NW 33 STREET
FORT LAUDERDALE FL 33309

Mailing Address

691 NW 33 STREET
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3405 NW 9 AVENUE

Suite, Apt. #, etc.

SUITE 1201

3. Mailing Address

3405 NW 9 AVENUE

Suite, Apt. #, etc.

SUITE 1201

City & State

Ft. LAUDERDALE

City & State

Ft. LAUDERDALE

Zip

FL

Country

33309

Zip

FL

Country

33309

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

SELBY, MATTHEW

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

3405 NW 9TH AVENUE, #1201

City

Ft. LAUDERDALE

FL

Zip Code

33309

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

MATTHEW R. SELBY

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

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 \$150.00****After May 1, 2002 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**

11. OFFICERS AND DIRECTORS

TITLE P
NAME SELBY, MATTHEW
STREET ADDRESS 691 NW 33 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33309
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SELBY, MATTHEW
STREET ADDRESS 3405 NW 9 AVENUE, SUITE 1201
CITY-ST-ZIP Ft. LAUDERDALE, FL 33309
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW SELBY

Date

1/7/02 (954) 567 9003

Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90009 043 ***150.00



DO NOT WRITE IN THIS SPACE

0315010 AV

CR2E034 (9/01)