2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P 99000032951 Jun 09, 2000 8:00 am INTERNATIONAL POLICE COMBATIVES ASSOCIATION 20 **Secretary of State** 06-09-2000 90219 050 ***155.00 Principal Place of Business Mailing Address 360 NOWLH DELPMANE 360 NORTH DELAWARE DEKINA FL 32720 DELIND IFL 32720 UUUDJIJJ 2. Principal Place of Business 3. Mailing Address 7385 FATRWAY DR 7385 FAIRWAY DR Suite, Apt. #, etc. ~Suite;*Apt. #, etc.~ DO NOT WRITE IN THIS SPACE APT # 160 APT # 160 City & State 4. FEI Number Applied For City & State Ima Im hakes, FL 59-3569712 Not Applicable MIAMI LAKES, FL Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 33014 33014 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELLADO, DANTEL J NONF Street Address (P.O. Box Number is Not Acceptable) 7345 FAIRWAY DR AFT 160 MIAMI LAKES, FL 33014 City 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 06.01.2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOWIII FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. OFFICER TITLE ☐ Change Addition Delete TITLE OFFICER (DV) SHEILM FREVOLA NAME NAME HABERMEHL, CHUCK SOB WEST MARY ST 7385 FAIRWAY DE 160 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1 MIDINI LAKES, FL 33014 CITY-ST-ZIP DELUNDIEL 33550 , Addition Change ファッノをくしった TITLE ☐ Delete DELUADO, DANIEL J NAME 7385 FALLWAY DR. HIGO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33614 ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 dr Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

NGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR