

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90112 019 ****61.25

DOCUMENT # NO1000005660

1. Entity Name

AFRICAN WORLD ARTISTS COLLECTIVE, INC.

Principal Place of Business

Mailing Address

**2001 N W 112TH AVENUE
PLANTATION FL 33323**

**2001 N W 112TH AVENUE
PLANTATION FL 33323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3850656

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERMAN, AUDREY
2001 N W 112TH AVENUE
PLANTATION FL 33323**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **PETERMAN, FRANK W**
CITY-ST-ZIP **2001 N W 112TH AVENUE
PLANTATION FL 33323**

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **MILLS, CHARLES**
CITY-ST-ZIP **9510 SEAGRAPE DRIVE
FT. LAUDERDALE FL 33324**

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **PHILLIPS, PATRICIA**
CITY-ST-ZIP **11384 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **COLLINS, DENISE**
CITY-ST-ZIP **6425 PINEHURST CIRCLE W.
TAMARAC FL 33321**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **JEAN-JACQUES, MIRIANNE**
CITY-ST-ZIP **15879 N W 11TH STREET
PEMBROKE PINES FL 33028**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HUMPHREYS, EDITH**
CITY-ST-ZIP **140 CHELSEA LANE
PLANTATION FL 33324**

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

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **Desoto, Betty**
CITY-ST-ZIP **431 Kakeview Drive
Ft. Lauderdale, FL 33326**

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

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

TITLE ☒ Change ☐ Addition
NAME **Mills, Charles**
STREET ADDRESS **9510 Seagrape**
CITY-ST-ZIP **Ft. Lauderdale, FL 33324**

TITLE ☒ Change ☐ Addition
NAME **Cartwright, Joan**
STREET ADDRESS **508 NW 1st Ave**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE COLLINS RD Denise Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 (954)899-2891

Date

Daytime Phone #

CR2E037 (9/01)