

2000 UNIFORM BUSINESS REPORT (UBR)

7.

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

07-12-2000 90010 050 ****61.25

DOCUMENT # N37089

1. Entity Name

ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA, INC. ✓ f

Principal Place of Business

Mailing Address

8290 LAKE DRIVE
 APT. #203
 MIAMI FL 33166

8290 LAKE DRIVE
 APT. #203
 MIAMI FL 33166-4871

2. Principal Place of Business

3. Mailing Address

100 NE 15th St

P.O. Box 970536

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State

City & State

HOMESTEAD, FL MIAMI FL

Zip

Country

Zip

Country

33030 DADE 33197 DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1021683
 APPLIED FOR

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

NICHOLAS-IKPETE, DENISE D
 8290 LAKE DRIVE
 APT. #203
 MIAMI FL 33166

Name LEON FRANCIS

Street Address (P.O. Box Number is Not Acceptable)
 100 NE 15th St # 204

City HOMESTEAD FL Zip Code 33030

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 Francis Francis 7/3/00
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 NAME STREET ADDRESS CITY-ST-ZIP	D/P NICHOLAS-IKPETE, DENISE D 8290 LAKE DRIVE #203 MIAMI FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, DENZIL 20353 N.W. 39 CT. MIAMI FL 33055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T CASPER, MANNIX 1320 N.W. 198 STREET MIAMI FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S BARNES, DESIREE 7814 N.W. 1ST STREET MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LEON FRANCIS 100 NE 15th St # 204 HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOCelyn JOSEPH 2070 ISLAND DRIVE MIRAMAR FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EVEROD CARTER 43 ALLEN ROAD HOLLYWOOD FL. 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S BEVERLY BRAMBLE 20130 N.W. 13th CT. MIAMI FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Francis **REQUIRED** 7/3/00 305 247-0011
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)

DOC # N37089

308786

To: Florida Department of State

From: Antigua Barbuda Association Of Florida Inc.

Subject: Request for FEI Number

July 24, 2000

RE: N37089

Please see the requested information enclosed.

Doc # N37089

308786

Return this part with any correspondence
So we may identify your account. Please
correct any errors in your name or address.

CP 575 L
0716830485

Your Telephone Number
305) 247-0011

Best Time to Call
10-4

PM PM
Mon - Fri:

DATE OF THIS NOTICE: 07-12-2000
EMPLOYER IDENTIFICATION NUMBER: 65-1021683
FORM: SS-4 (TELE-TIN)

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

ANTIGUA & BARBUDA ASSOCIATION OF
FLORIDA INC
% LEON FRANCIS
PO BOX 970536
MIAMI FL 33197