

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90012 039 \*\*\*\*61.25

**DOCUMENT # N37089**

1. Entity Name

**ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business <b>100 NE 15TH ST #204 HOMESTEAD FL 33030</b>	Mailing Address <b>P.O. BOX 970536 MIAMI FL 33197</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-1021683</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FRANCIS, LEON</b> <b>100 NE 15TH ST #204</b> <b>HOMESTEAD FL 33030</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D/P</b> <b>FRANCIS, LEON</b> <b>100 NE 15TH ST #204</b> <b>HOMESTEAD FL 33030</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOCELYN, JOSEPH</b> <b>2070 ISLAND DRIVE</b> <b>MIRAMAR FL 33023</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Willis DANIEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2240 N. SHERMAN CIR #505</b> <b>MIRAMAR, FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T</b> <b>CARTER, EVEROD</b> <b>43 ALLEN ROAD</b> <b>HOLLYWOOD FL 33023</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T STEVE L. GARDNER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1150 N.W. 72ND AVE #760</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <b>BRAMBLE, BEVERLY</b> <b>20130 N.W. 13TH CT</b> <b>MIAMI FL 33169</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:** SIGNATURE REQUIRED **4/30/02 (305) 247-0011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)