

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90551 039 \*\*\*\*70.00

**DOCUMENT # N93000000616**



**1. Entity Name**  
**BLACK BUSINESS CAPITAL FINANCING CORPORATION**

**Principal Place of Business**

**315 E. ROBINSON ST.**  
**SUITE 222 660**  
**ORLANDO FL 32801**

**Mailing Address**

**315 E. ROBINSON ST.**  
**SUITE 222**  
**ORLANDO FL 32801**

**2. Principal Place of Business**

Suite, Apt. #, etc.

660

**3. Mailing Address**

Suite, Apt. #, etc.

660

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3179911**

Applied For  
Not Applicable

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**LONG, INEZ**  
**315 E. ROBINSON STREET**  
**SUITE 222 660**  
**ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name **Inez Long**  
Street Address (P.O. Box Number is Not Acceptable)  
**315 E. Robinson Street, Suite 660**  
City **Orlando** FL Zip Code **32801**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                                       |                                 |
|----------------|---------------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>LONG, INEZ</b>                     |                                 |
| STREET ADDRESS | <b>315 E. ROBINSON ST., SUITE 222</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32801</b>               |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>MITCHELL, FRANK</b>                |                                 |
| STREET ADDRESS | <b>315 E ROBINSON ST, 222</b>         |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                     |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>EISSEN, GODWIN</b>                 |                                 |
| STREET ADDRESS | <b>315 E ROBINSON ST, 222</b>         |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                     |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>CHUKWU, LAWRENCE</b>               |                                 |
| STREET ADDRESS | <b>315 E ROBINSON STREET STE 222</b>  |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32801</b>               |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

**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:**

*Carolyn Skewes*  
**REQUIRED**

1/15/03

CR2E037 (10/02)