

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003014

1. Entity Name

AFRICARTA, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90015 045 ****61.25

Principal Place of Business
1201 FIFTH AVE N
SUITE 302
ST PETERSBURG FL 33705

Mailing Address
1201 FIFTH AVE N
SUITE 302
ST PETERSBURG FL 33705-1425

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

59-3342285

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

RIZZO, GERALD J
1201 FIFTH AVE N
SUITE 302
ST PETERSBURG FL 33705

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 NAME STREET ADDRESS CITY-ST-ZIP	D RIZZO, GERALD J 1201 FIFTH AVE N SUITE 302 ST PETERSBURG FL 33705	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIZZO, MARILYN J 1201 FIFTH AVE N SUITE 302 ST PETERSBURG FL 33705	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTMAN, EARL H 701 SIXTH ST S ST PETERSBURG FL 33701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 information empowered.

SIGNATURE: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

727-821-2880

Daytime Phone #

CR2E037 (9/99)