

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004755

1. Entity Name

AFRICAN AMERICAN ENTREPRENEURIAL ASSOCIATION, IN

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90026 039 \*\*\*\*61.25

Principal Place of Business P O BOX 16413 ST PETERSBURG FL 33733-6413	Mailing Address P O BOX 16413 ST PETERSBURG FL 33733-6413
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

4. FEI Number <b>59-3492502</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RUBIN, MINSON R  
 4100 49TH AVE SO.  
 ST PETERSBURG FL 33711

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	RUBIN, MINSON	
STREET ADDRESS	4100-49TH AVE SO.	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TUCKER, FRED	
STREET ADDRESS	3451 MANATEE DR SE	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SELWYN, LUCAS	
STREET ADDRESS	707-99TH AVE., #204	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MITCHELL, JOSEPH	
STREET ADDRESS	2238 CALEXICO WAY S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/29/2000 Daytime Phone #: 727-866-2651

CF12E037 (9/99)