

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90204 036 ****61.25

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1. Entity Name
**AFRICAN AMERICAN ENTREPRENEURIAL ASSOCIATION, IN
C.**

Principal Place of Business
**P O BOX 16413
ST PETERSBURG FL 33733-6413**

Mailing Address
**P O BOX 16413
ST PETERSBURG FL 33733-6413**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3492502**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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

SIGNATURE *Minson R. Rubin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/8/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
NAME **RUBIN, MINSON**
STREET ADDRESS **4100-49TH AVE SO.**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

Change Addition

TITLE **DV** Delete
NAME **TUCKER, FRED**
STREET ADDRESS **3451 MANATEE DR SE**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

Change Addition

TITLE **DS** Delete
NAME **SELWYN, LUCAS**
STREET ADDRESS **707-99TH AVE., #204**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **DS** Change Addition
NAME **GLORIA SHINGLES**
STREET ADDRESS **5356-2ND AVE SO.**
CITY-ST-ZIP **St. Petersburg, FL. 33707**

TITLE **DT** Delete
NAME **MITCHELL, JOSEPH**
STREET ADDRESS **2238 CALEXICO WAY S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
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 like empowered.

SIGNATURE: *Minson R. Rubin* **SIGNATURE REQUIRED**

4/8/03 727-866-2651

CR2E037 (10/02)