

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90167 007 \*\*\*150.00

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**DOCUMENT # F00000003520**

1. Entity Name

**AFRICAN AMERICAN PRODUCT & SERVICE CO.**

Principal Place of Business

5080 N.W. 42ND ST.  
 LAUDERDALE LAKES FL 33319

Mailing Address

5080 N.W. 42ND ST.  
 LAUDERDALE LAKES FL 33319



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 490041**

City & State

City & State

**Lauderdale Lakes, FL**

Zip

Country

Zip

Country

**33349**

4. FEI Number **NOT APPLICABLE**

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

**ROBINSON, JESSIE**

**5080 N.W. 42ND ST.**

**LAUDERDALE LAKES FL 33319**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$450.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **ROBINSON, JESSIE**  
 CITY-ST-ZIP **P.O. BOX 490041**  
**LAUDERDALE LAKES FL 33349**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jessie Robinson**  
**PRESIDENT**

**7/29/02**

CR2E034 (4/02)

*Attachment*

*971945*

**African American Product & Service Co.**

P.O. Box 490041 • Lauderdale Lakes, FL 33319

July 29, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Filing of 2002 United Business Report  
F00000003520

In accordance with my conversation with your office, please accept the enclosed 2002 Annual Report with corrected mailing address and check for \$150 as payment in full for our 2002 UBR.

Thank you for your assistance in this matter.

Very truly yours,

*Jessie Robinson*

Jessie Robinson  
Director