2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am Secretary of State DOCUMENT # F96000000409 1. Entity Name 02-24-2002 90005 032 ***150.00 AFRICAN PRIDE CO. Principal Place of Business Mailing Address 2210 MELSON AVE. 2210 MELSON AVE. JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3861826 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME POWELL, MICHAEL STREET ADDRESS 625 MADISON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BOVA. VINCENT STREET ADDRESS STREET ADDRESS 625 MADISON AVE. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ____ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

FILED

FOR PROFIT CORPORATION

OCUMENT #				94116	8247	19_
PRODUCTS LTD	•			1	8247 P96000	200409
IP PRODUCTS LTD.	·	<u>. (</u>	<u> </u>	17	' ''	
DO NOT WRITE	IN THIS	SPACE	٠,			
Principal Place of Business	3. Mailing Address	\ (A-A):	<u> </u>			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State ACUSTANILLE FC	City & State	.,, 0		4. FEI Number /3 386	162 1	Applied For
ACUSONILLE PC Zip Country 32254 USA	74450NV 11 Zip 32254	Country	4	5. Certificate of Status Desi	red 🗆 \$	8.75 Additional ee Required
- 103/7	1 30034			7. Name and Address of Cu		
DO-NOT-W IN THIS SF): 	treet Address (P	NTICE - HAW - CORPORATION - SYSTEM; / (P.O. Box Number is Not Acceptable) 443 57265T			
			TATION FL Zin Code 3230			
f	and title if applicable.	ng its registered of	THE ATTENDED TO THE ATTENDED T	d agent, or both, in the State		32301
NATURE Signature, typed or printed name of registered agent	and title if applicable. January After Ame Make Check P	ng its registered of	ffice or registere required via \$150.00	vhen reinstating) 10. Election Campaig Trust Fund Contri	of Florida. DATE gn Financing	\$5.00 May B
SNATURE Signature, typed & printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND	and title if applicable. January After Ame Make Check P	(NOTE: Registered Age 1 - May 1 Fee is May 1, Fee is \$8 ended UBR is \$6 eached UBR is \$6 eached UBR is \$6	ffice or registere required via \$150.00	vhen reinstating) 10. Election Campaig Trust Fund Contri	of Florida. DATE gn Financing	\$5.00 May B
NATURE Signature, typed of printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND V 5	January After Ame Make Check P	(NOTE: Registered Age 1 - May 1 Fee is May 1, Fee is \$2 ended UBR is \$6 Payable to Depar	ffice or registere nt signature required v s \$150.00 550.00 61.25 tment of State	vhen reinstating) 10. Election Campaig Trust Fund Contri	of Florida. DATE gn Financing	\$5.00 May B
NATURE Signature, typed or printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND VIS MICHAEL POWELL 625 MADIS N AVENUE	January After Ame Make Check P	(NOTE: Registered Age 1 - May 1 Fee is May 1, Fee is \$! ended UBR is \$6 Payable to Depar	ffice or registere nt signature required v s \$150.00 550.00 61.25 thment of State	vhen reinstating) 10. Election Campaig Trust Fund Contri	of Florida. DATE gn Financing	\$5.00 May B
NATURE Signature, typed or printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND VIS MICHAEZ POWELL 625 MADIS N AVENUE NY NY 10022	January After Ame Make Check P	ng its registered of (NOTE: Registered Age: 1 - May 1 Fee is \$! May 1, Fee is \$! may 2 Fee is \$! ayable to Depar TITLE NAME STREET AD: CITY-ST-Z TITLE	ffice or registere nt signature required v s \$150.00 550.00 61.25 thment of State	vhen reinstating) 10. Election Campaig Trust Fund Contri	of Florida. DATE gn Financing	\$5.00 May B
NATURE Signature, typed or printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND OFFICERS AND TADDRESS ST-ZIP NY NY 10022 VPF VINCENT BOVA	and title if applicable. January After Ame Make Check P	ng its registered of (NOTE: Registered Age: 1 - May 1 Fee is \$! May 1, Fee is \$! May 1, Fee is \$! Anded UBR is \$! ayable to Depar TITLE NAME STREET AD: CITY-ST-Z TITLE NAME	ffice or registere visionature required visionature required visionature required visionature required visionature required visionature vi	vhen reinstating) 10. Election Campaig Trust Fund Contri	of Florida. DATE gn Financing	\$5.00 May B
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND OFFIC	and title if applicable. January After Ame Make Check P	ng its registered of (NOTE: Registered Age: 1 - May 1 Fee is \$! May 1, Fee is \$! may 2 Fee is \$! ayable to Depar TITLE NAME STREET AD: CITY-ST-Z TITLE	Int signature required vs \$150.00 550.00 51.25 trment of State	vhen reinstating) 10. Election Campaig Trust Fund Contri	of Florida. DATE gn Financing	\$5.00 May B
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND VIS MICHAEZ POWEZL 625 MADIS N AVENUE 625 MADIS N AVENUE NY NY 10022 VPF VINCENT BOVA ET ADDRESS ST-ZIP NY NY 10022	and title if applicable. January After Ame Make Check P	ng its registered of (NOTE: Registered Agei 1 - May 1 Fee is May 1, Fee is \$! anded UBR is	Int signature required vs \$150.00 550.00 51.25 trment of State	vhen reinstating) 10. Election Campaig Trust Fund Contri	of Florida. DATE gn Financing	\$5.00 May B
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND V/S MICHAEZ POWEZL 625 MADIS N AVENUE NY, NY, 1002Z VPF VINCENT BOVA ET ADDRESS ST-ZIP NY, NY, 1002Z	and title if applicable. January After Ame Make Check P	ng its registered of (NOTE: Registered Agei 1 - May 1 Fee is May 1, Fee is \$5 Payable to Depar TITLE NAME STREET ADI CITY-ST-Z TITLE NAME STREET ADI CITY-ST-Z	nt signature required via \$150.00 550.00 51.25 thment of State	d agent, or both, in the State when reinstating) 10. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.00 May B Added to Fees
Signature, typed of printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND OFFICERS AND E E E E E E E E E E E E E E E E E E	and title if applicable. January After Ame Make Check P	ng its registered of (NOTE: Registered Agei 1 - May 1 Fee is May 1, Fee is \$! anded UBR is	nt signature required v s \$150.00 550.00 51.25 thment of State	vhen reinstating) 10. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.00 May B Added to Fees
NATURE Signature, typed or printed name of registered agent	and title if applicable. January After Ame Make Check P	(NOTE: Registered Age 1 - May 1 Fee is May 1, Fee is \$!	nt signature required v s \$150.00 550.00 51.25 thment of State	d agent, or both, in the State when reinstating) 10. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.00 May B Added to Fees
NATURE Signature, typed of printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND OFFICERS AND OFFICERS AND VIS ET ADDRESS -ST-ZIP NY NY 10022 ET ADDRESS -ST-ZIP NY NY 10022	and title if applicable. January After Ame Make Check P	(NOTE: Registered Age 1 - May 1 Fee is May 1, Fee is \$! Anded UBR is \$6 Anded	Tricket Iffice or registere Int signature required v \$ \$150.00 550.00 61.25 Itment of State DRESS IP DRESS IP	d agent, or both, in the State when reinstating) 10. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.00 May B Added to Fees
SNATURE Signature, typed or printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND E MICHAEZ POWELL 625 MADIS N AVENUE 625 MADIS N AVENUE 627 NA NY 10022 E ET ADDRESS -ST-ZIP NY NY 10022 E E ET ADDRESS -ST-ZIP E E ET ADDRESS	and title if applicable. January After Ame Make Check P	(NOTE: Registered Age 1 - May 1 Fee is May 1, Fee is \$! Payable to Depar TITLE NAME STREET ADI CITY-ST-Z TITLE NAME	Tricket Iffice or registere Int signature required v \$ \$150.00 550.00 61.25 Itment of State DRESS IP DRESS IP	d agent, or both, in the State when reinstating) 10. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.00 May B Added to Fees
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND OFFIC	and title if applicable. January After Ame Make Check P	INOTE: Registered Age 1 - May 1 Fee is May 1, Fee is \$6 May 1, Fee is \$6 Payable to Depar TITLE NAME STREET ADI CITY-ST-Z TITLE	Tricket Iffice or registere Int signature required v \$ \$150.00 550.00 61.25 Itment of State DRESS IP DRESS IP	d agent, or both, in the State when reinstating) 10. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.00 May B Added to Fees
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND OFFIC	and title if applicable. January After Ame Make Check P	Ing its registered of the control of	TOTAL THE PROPERTY OF THE PROP	d agent, or both, in the State when reinstating) 10. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.00 May B Added to Fees
Signature, typed of printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND OFFICERS AND OFFICERS AND IN ICHARY POWELL 625 MADISON AVENUE 625 MADISON AVENUE NY NY 10022 E ET ADDRESS -ST-ZIP	and title if applicable. January After Ame Make Check P	INOTE: Registered Age 1 - May 1 Fee is May 1, Fee is \$6 May 1, Fee is \$6 Payable to Depar TITLE NAME STREET ADI CITY-ST-Z TITLE	TOTAL THE PROPERTY OF THE PROP	d agent, or both, in the State when reinstating) 10. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.00 May B Added to Fees
Signature, typed of printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND OFFIC	and title if applicable. January After Ame Make Check P	INOTE: Registered Age 1 - May 1 Fee is May 1, Fee is \$6 May 1, Fee is \$6 Payable to Depar TITLE NAME STREET ADI CITY-ST-Z	TOTAL THE PROPERTY OF THE PROP	d agent, or both, in the State when reinstating) 10. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.00 May B Added to Fees
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND E MICHAEZ POWELL EET ADDRESS (-ST-ZIP NY, NY 100022 E VPF RE VINCENT BOVA EET ADDRESS L7 S MADISON AVENUE WET ADDRESS L7 S MADISON AVENUE	and title if applicable. January After Ame Make Check P	INOTE: Registered Agei (NOTE: Registered Agei 1 - May 1 Fee is May 1, Fee is \$5 Payable to Depar TITLE NAME STREET ADI CITY-ST-Z	TOTAL PART OF THE PRESS IP DRESS IP DRE	d agent, or both, in the State when reinstating) 10. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.00 May B Added to Fees

(213) 527-5344 Daytime Phone # SIGNATURE: _