

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G47158

1. Entity Name

AFRICAN FORMULA PRODUCTS, INC.

Principal Place of Business

4615 NW 6TH STREET
HIJ
GAINESVILLE FL 32601
US

Mailing Address

P.O. BOX 21675
GAINESVILLE, FL 32604

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 59-2444578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ADEYEMI ADEMOLA
903 S. BOUNDARY ST.
ARCHER FL 32618

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE P
NAME SMITH, ADEYEMI A
STREET ADDRESS 903 SOUTH BOUNDARY STREET
CITY-ST-ZIP ARCHER FL 32618 ☐ Delete

TITLE VT
NAME SMITH, ROBERT A., JR.
STREET ADDRESS 903 S BOUNDARY ST
CITY-ST-ZIP ARCHER FL ☐ Delete

TITLE S
NAME RIVERS, CATHY
STREET ADDRESS 7301 W UNIVERSITY S104
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE D
NAME KAYINOLA, ADDIE
STREET ADDRESS 903 S. BOUNDARY ST.
CITY-ST-ZIP ARCHER FL 32681 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Adeniyemi A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-2001 1354445-6618

Date

Daytime Phone #

0612199

CR2E034 (10/00)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90019 043 ***150.00



DO NOT WRITE IN THIS SPACE