

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003505

1. Entity Name

AFRICA DESIGNS L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 29 AM 11:02

Principal Place of Business

315 EAST ROBINSON STREET, SUITE 600  
ORLANDO FL 32801

Mailing Address

315 EAST ROBINSON STREET, SUITE 600  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

310 School Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Acton

MA

Zip

Country

Zip

Country

01720

USA

4. FEI Number

593583666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATCHER, STEPHEN B ESQ.  
315 EAST ROBINSON STREET, SUITE 600  
ORLANDO FL 32801

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 \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
NAME HENDRIK CHRISTOFFEL BOTHA  
STREET ADDRESS 315 EAST ROBINSON STREET, SUITE 600  
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE MGRM ☐ Delete  
NAME Philippus Rudolph Uys  
STREET ADDRESS 310 School Street  
CITY-ST-ZIP Acton MA 01720

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

9-26-2000 978 8289885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)