

2001 UNIFORM BUSINESS REPORT (UBR)

1022

DOCUMENT # N00000001117

1. Entity Name

WORLD AFRICAN TRADITIONAL ARTS CORP

FILED

01 DEC 17 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1755 CALAIS DRIVE, #3
MIAMI BEACH FL 33141

Mailing Address

1755 CALAIS DRIVE, #3
MIAMI BEACH FL 33141

2. Principal Place of Business

1125 MARSEILLES DR
Suite, Apt. #, etc. BB

3. Mailing Address

1125 MARSEILLES DR
Suite, Apt. #, etc. BB

City & State

MIAMI BEACH FL.

City & State

MIAMI BEACH FL.

Zip

33141

Country

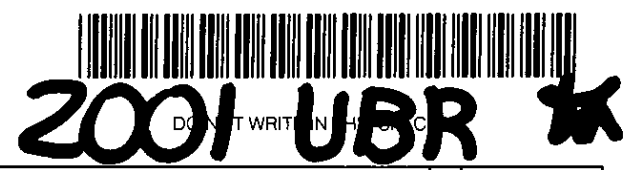
MIAMI DADE

Zip

33141

Country

MIAMI DADE



2001 UBR

4. FEI Number

65-0988636

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, BRENDA
1755 CALAIS DRIVE, #3
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name: Brenda Jordan
Street Address (P.O. Box Number is Not Acceptable): 1125 Marseilles Dr # BB
City: Miami Beach FL Zip Code: 33141

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: Brenda Jordan (typed) Brenda Jordan (signature) 11/28/01 (date)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, BRENDA	
STREET ADDRESS	1755 CALAIS DRIVE, #3	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWINGTON, SHARON	
STREET ADDRESS	1755 CALAIS DRIVE, #3	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUPINAN, DIEGO	
STREET ADDRESS	1755 CALAIS DRIVE, #3	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EXECUTIVE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Jordan	
STREET ADDRESS	1125 marseilles Dr #88	
CITY-ST-ZIP	Miami Beach FL 33141	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Brewington	
STREET ADDRESS	1717 N. Bayshore Dr #3554	
CITY-ST-ZIP	Miami FL 331	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diego Stupinan	
STREET ADDRESS	9140 W Bayharbor Dr #5	
CITY-ST-ZIP	Bayharbor Island FL 33154	
TITLE	Constance Ekon (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Constance Ekon	
STREET ADDRESS	2291 NW 86 ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacqueline Lewis	
STREET ADDRESS	7525 E. Treasure Dr	
CITY-ST-ZIP	North Bay Village FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

700004883427--2
-02/06/02--01067--003
*****70.00 *****70.00

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: Brenda Jordan Executive Director Brenda Jordan 12/1/01 (05) 968 6076

CR2E037 (5/01)

282

W A T A

World African Traditional Arts Corp.

1125 Marseilles Dr. Suite 8B Miami Beach Fl. 33141 (305)968-6076

November 28, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 3203-1500

To whom it may concern:

Regarding Document # N00000001117, I am writing this letter to let you know our organiza-
tional address has changed to the above address, the Uniform Business Report just arrived
very late, I immediately called and explained the situation to someone at your office as well as
the Post Office, at your office I was told to write a letter explaining the delay. I am sending the
check as I was told in the amount of \$61.25 plus the additional \$8.75 for the certificate of
status, for the total amount of \$69.00 dollars. Please don't hesitate to call for more info (305)
8682182 or (305) 9686076 via fax, (305) 8689963 via e-mail, cupofwata@hotmail.com

Thank you very much for your cooperation in this matter.

Sincerely, Brenda Jordan,



Brenda Jordan, *Brenda Jordan*
Executive Director