

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007249

1. Entity Name

PROJECT SUB-SAHARAN AFRICA, INC.

Principal Place of Business

Mailing Address

3009 ECHO POINT LN.  
TALLAHASSEE FL 32310

PO BOX 10443  
TALLAHASSEE FL 32302

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

01-0590231

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

MWENENE, MUKWESO  
3009 ECHO POINT LN.  
TALLAHASSEE FL 32310

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 \$61.25

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 ☐ Delete  
NAME MUSINGO, SEN-YONI  
STREET ADDRESS 1858 VINELAND LN.  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition  
NAME 800006072368-3  
STREET ADDRESS -06/27/02--01071--014  
CITY-ST-ZIP \*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE D ☐ Delete  
NAME CLAY, LOUISE  
STREET ADDRESS 3007 ECHO POINT LN.  
CITY-ST-ZIP TALLAHASSEE FL 32310

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

TITLE D ☐ Delete  
NAME COOPER, RHONDA  
STREET ADDRESS 1511 HASOSAW NENE  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE P ☐ Delete  
NAME MWENENE, MUKWESO  
STREET ADDRESS 3009 ECHO POINT LN.  
CITY-ST-ZIP TALLAHASSEE FL 32310

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

TITLE V ☐ Delete  
NAME BROWN, GEOFFREY  
STREET ADDRESS 1511 HASOSAW NENE  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE S ☐ Delete  
NAME LIEBERT, GARY P  
STREET ADDRESS 1614 S. MERIDIAN ST.  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MWENENE, MUKWESO (850) 922-0696

APPROVED  
AND  
FILED

02 MAY 31 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)