

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004755**

1. Entity Name

AFRICAN AMERICAN ENTREPRENEURIAL ASSOCIATION, IN**FILED**
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90045 027 ****61.25

0012205

Principal Place of Business

**P O BOX 16413
ST PETERSBURG FL 33733-6413**

Mailing Address

**P O BOX 16413
ST PETERSBURG FL 33733-6413**

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 **59-3492502**

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

**RUBIN, MINSON R
4100 49TH AVE SO.
ST PETERSBURG FL 33711**

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

Minson R. Rubin

(NOTE: Registered Agent signature required when reinstating)

DATE

*8/5/01***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
NAME
STREET ADDRESS
CITY-ST-ZIP**DP
RUBIN, MINSON
4100-49TH AVE SO.
ST PETERSBURG FL 33711**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DV
TUCKER, FRED
3451 MANATEE DR SE
ST PETERSBURG FL 33705**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DS
SELWYN, LUCAS
707-99TH AVE., #204
SAINT PETERSBURG FL 33702**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DT
MITCHELL, JOSEPH
2238 CALEXICO WAY S
ST PETERSBURG FL 33712**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

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:

*Minson R. Rubin**8-5-01*

CR2E037 (5/01)