

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003029

1. Entity Name

INTERNATIONAL AFRICAN AVIATION ASSOCIATION, INC.

FILED

00 AUG 25 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*

Principal Place of Business

C/O LAWRENCE RAYMAN  
377 CLINT MOORE RD  
BOCA RATON FL 33487

Mailing Address

C/O LAWRENCE RAYMAN  
377 CLINT MOORE RD  
BOCA RATON FL 33487

2. Principal Place of Business

2345 W. MARIA PACHECO DR  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 812518  
Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0931586

Applied For

Not Applicable

Zip 33432

Country USA

Zip 33481

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

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

FILE NOW: FEE IS \$61.25  
After September 13, 2000 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

TITLE P  
NAME DARKO, NANA OHENE  
STREET ADDRESS 10133 ASHBURTON LANE  
CITY-ST-ZIP BETHESDA MD 20817 ☐ Delete

TITLE VP  
NAME RAYMAN, LAWRENCE  
STREET ADDRESS 1377 CLINT MOORE ROAD  
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE S  
NAME WELLER, PAUL  
STREET ADDRESS 1629 K STREET N.W., SUITE 1100  
CITY-ST-ZIP WASHINGTON DC 20006 ☐ Delete

TITLE D  
NAME ALPERT, ETHAN  
STREET ADDRESS 1377 CLINT MOORE ROAD  
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE D  
NAME CASHDOLLAR, ROBERT  
STREET ADDRESS 1629 K STREET N.W., SUITE 1100  
CITY-ST-ZIP WASHINGTON DC 20006 ☐ Delete

TITLE D  
NAME ATOBRA, KOBINAH DR  
STREET ADDRESS 1312 MORTGATE SQUARE  
CITY-ST-ZIP RESTON VA 22090 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME 600003384116--8  
STREET ADDRESS -09/06/00--01099--004  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)