

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90858 034 ****65.00

DOCUMENT # N99000005651
 1. Entity Name
PROJECT AFRIC RURAL DEVELOPMENT INTERNATIONAL, I

Principal Place of Business 530 S. W. 11TH DR. DEERFIELD BEACH FL 33441	Mailing Address 530 S. W. 11TH DR. DEERFIELD BEACH FL 33441-6346
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0960889	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DOKU, CLEMENCE K
530 S. W. 11TH DR.
DEERFIELD BEACH FL 33441

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME	Clemence Doku-Chairman <input checked="" type="checkbox"/> Delete
STREET ADDRESS	530 SW 11 Drive Deerfield, FL 33441
TITLE NAME	William Cocke-Technical Director <input checked="" type="checkbox"/> Delete
STREET ADDRESS	748 NW 12 Ave boca Raton, FL 33486
TITLE NAME	John Adams-Doku-Secretary <input checked="" type="checkbox"/> Delete
STREET ADDRESS	Treasurer 424 Lock Road Apt# 62 Deerfield FL 33441
TITLE NAME	Thomas Mawudzro-Director of Management <input checked="" type="checkbox"/> Delete
STREET ADDRESS	20103 SW 87 Place Cutler Ridge Miami, FL 33189
TITLE NAME	John Akiti-Financial Adviser <input type="checkbox"/> Delete
STREET ADDRESS	2831 River Run Circle West Miami FL 33025

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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: Clemence Kwame Doku **4-28-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)