

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90114 032 ****70.00

DOCUMENT # N99000005651

1. Entity Name

**PROJECT AFRIC RURAL DEVELOPMENT INTERNATIONAL, I
 NC.**

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960889	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	
DOKU, CLEMENCE K 530 S. W. 11TH DR. DEERFIELD BEACH FL 33441		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. <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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME CEO DOKU, CLEMENCE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 530 SW 11 DR.		STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33441		CITY-ST-ZIP	
TITLE NAME TD COCKE, BILL	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 748 NW 12 AVE		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33486		CITY-ST-ZIP	
TITLE NAME DOMT MAWUDZRO, THOMAS	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 20103-SW 87 PLACE CUTLER RIDGE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33189		CITY-ST-ZIP	
TITLE NAME AV AMOAH, DEVINE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10121 COSTA DEL SOL BLVD		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33128		CITY-ST-ZIP	
TITLE NAME AS DEGENU, PETER	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 402 NE 146 TERR		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33161		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 CLEMENCE DOKU **3-10-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)