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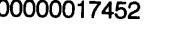
Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90031 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P0000017452

1. Entity Name KEBE AFRICAN ART, INC.

Principal Place of Business





Mailing Address

3 LAUDERDALE LAKES FL 33309		4101 NW 30TH TERRACE 3 LAUDERDALE LAKES FL 33309) I 18 Hiller ili eriki baru arup belik baru arka arka arka iki kalik kalik	F	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHÉCK HỆRE IF MAKING CHANGES	
City & State		City & State		1 0051002580	4. FEI Number 65-1002580 Applied For Not Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Ad Fee Require	ditional	
	Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent		
			Name	Address of New Registered Agent		
	BALLO	٠	Street A	Address (P.O. Box Number is Not Acceptable)		
3			-			
LAUDER	DALE LAKES FL 33309		City	Zip Cod	le .	
8. The above named entity submits this statement for the purpose of characteristics.				FL Zip Cod	æ	
the obliga	tions of registered agent.	the purpose of changing its	registered office o	or registered agent, or both, in the State of Florida. I am familiar with,	and accept	
	·					
& GNATURE	Signature, typed or printed name of registered agent an		<u> </u>			
		O tale ir applicable. (NOTE	:: Registered Agent signat	ture required when reinstating) DATE		
F	TLE NOW!!! FEE IS \$150.00					
Ane Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$				0 May Be	
		I		Trust Fund Contribution. Added	to Fees	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 11	
TITLE NAME	D NEDE MONIO	☐ Delete	TITLE	☐ Change	Addition	
STREET ADDRESS	KEBE, MBALLO		NAME	Shango		
CITY-ST-ZIP	950 NE 154TH ST.		STREET ADDRESS			
	NORTH MIAMI BEACH FL 33162		CITY-ST-ZIP			
TITLE Name		☐ Delete	TITLE	☐ Change	☐ Addition	
STREET ADDRESS (NAME	onlings	Addition	
CITY-ST-ZIP			STREET ADDRESS			
			CITY-ST-ZIP		J	
TITLE NAME		☐ Delete	TITLE	☐ Change	☐ Addition	
STREET ADDRESS			NAME	onlygo	Addition	
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ITLE T			CITY-ST-ZIP		• •	
IAME		☐ Delete	TITLE	☐ Change	☐ Addition	
TREET ADDRESS			NAME	·	_	
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TLE T			CITY-ST-ZIP		j	
AME		☐ Delete	TITLE	Change	Addition	
TREET ADDRESS			NAME	•	•	
TY-ST-ZIP			STREET ADDRESS			
TLE T			CITY-ST-ZIP			
AME	•	Delete	TITLE	☐ Change	Addition	
			NAME			

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE: K

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF CHONKING OFFICER OR DIRECTO

Date

Daytime Phone #

CR2E034 (10/02)