

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000050397**

1. Entity Name
AFRICAN AMERICAN FINANCIAL RESOURCE ALLIANCE, INC.

Principal Place of Business
**640 Cricklewood Terrace
Heathrow, FL 32746**

Mailing Address
**640 Cricklewood Terrace
Heathrow, FL 32746**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3684264

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**American Information Services, Inc.
One SE 3rd Avenue
28th Floor
Miami, FL 33131**

7. Name and Address of New Registered Agent

Name **F & L Corp.**
Street Address (P.O. Box Number is Not Acceptable)
**The Greenleaf Bldg., 3rd Floor
200 Laura Street
City Jacksonville FL Zip Code 32201-0240**

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  **John A. Sanders** **02/22/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ Delete
NAME **Robert Johnson**
STREET ADDRESS **640 Cricklewood Terrace**
CITY-ST-ZIP **Heathrow, FL 32746**

TITLE **S/D** ☐ Delete
NAME **Mike Trier**
STREET ADDRESS **640 Cricklewood Terrace**
CITY-ST-ZIP **Heathrow, FL 32746**

TITLE **Tubra Johnson** ☐ Delete
NAME **Debra Johnson**
STREET ADDRESS **640 Cricklewood Terrace**
CITY-ST-ZIP **Heathrow, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **700003803167--3**
CITY-ST-ZIP **-03/06/01--01116--002
****150.00 ****150.00**

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

TITLE ☐ Change ☐ Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert Johnson** **02/22/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)