

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063519

1. Entity Name

GREAT NILE OF AFRICA CORP.

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90628 015 ***150.00

Principal Place of Business

Mailing Address

2604 POWERS DRIVE 2604 POWERS DRIVE
ORLANDO, FL. 32818 ORLANDO FL. 32818

C0069136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

59-3656931

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

SAMIRA SHUMAN
2604 POWERS DRIVE
ORLANDO FL. 32818

Name

JEANNETTE CAMPBELL

Street Address (P.O. Box Number is Not Acceptable)

10028 S.W. 16th STREET

City

PEMBROKE PINES

FL

Zip Code

33025

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES./SEC./TREAS. ☒ Delete
SAMIRA SHUMAN
2604 POWERS DRIVE
ORLANDO FLORIDA 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES./SEC./TREAS. ☒ Change ☐ Addition
JAMAL SHUMAN
2604 POWERS DRIVE
ORLANDO FL. 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 401-296-2404

CR2E034 (11/00)