## **2001 UNIFORM BUSINESS REPORT (UBR)**

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

SIGNATURE:

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P0000068758 1. Entity Name 05-15-2001 90060 006 \*\*\*150.00 AFRICIAN MILLENIUM STORE, INC. Principal Place of Business Mailing Address 16014 N.W. 27TH AVENUE 16014 N.W. 27TH AVENUE OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address ABOUE SAME Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AKANGBE, RASHEED O Street Address (P.O. Box Number is Not Acceptable) 1821 JAMAICA DRIVE MIRAMAR FL 33023 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CEO Change TITLE Delete TITLE SADI**O** NAME AKANGBE, RASHEED P 19566 H.W 55 STREET ADDRESS STREET ADDRESS 1821 JAMAICA DRIVE CITY-ST-ZIP CITY-ST-ZIP Miramar FL 33023 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME AKANGBE, ARINPE O STREET ADDRESS STREET ADDRESS **1821 JAMAICA DRIVE** CITY-ST-ZIF CITY-ST-ZIP MIRAMAR FL 33023 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

Daytime Phone #

:R2E034 (10/00)