

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO2000038196**
1. Entity Name

SUPER AFRICA - Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
FLETCHER BP

3. Mailing Address
309. E. FLETCHER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

Zip
33612

Country
U.S.A

Zip

Country

4. FEI Number
04-3668402

Applied For

Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Hayat Benabdillah

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

12875 Sanctuary circle Dr #2034

City
Tempe Terrace

FL

Zip Code
33637

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Hayat Benabdillah**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

11-26-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **Hayat Benabdillah**
STREET ADDRESS **12875 Sanctuary circle Drive**
CITY-ST-ZIP **Tempe Terrace, FL 33637**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100025218844
12/01/03--01013--005 **8.75

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Hayat**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-03

Date

8135712327

Daytime Phone #

CR2E034B (12/02)