

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 010 ***150.00

DOCUMENT # **PD2000105101**
1. Entity Name
Afri Caribbean Authentic Cuisine



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8557 NW 61st Street
Suite, Apt. #, etc.
Bldg # 7
City & State
TAMARAC Florida
Zip
33321 Country
Broward

3. Mailing Address
8557 NW 61st Street
Suite, Apt. #, etc.
Bldg # 7
City & State
Florida
Zip
33321 Country
Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3661503

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
Mireille P Leroy
Street Address (P.O. Box Number is Not Acceptable)
8557 NW 61st Street
City
TAMARAC FL Zip Code
33321

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 **Mireille P Leroy** **3/4/03**
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Jean G. Charles 8557 NW 61st Street TAMARAC FL 33321	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT Mireille Leroy 8557 NW 61st Street TAMARAC FL 33321	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)