

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004510

1. Entity Name

AFRICAN FASHION BOUTIQUE, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90029 032 ***150.00

Principal Place of Business

Mailing Address

3994 N.W. 19 ST.
LAUDERHILL FL 33311

3994 N.W. 19 ST.
LAUDERHILL FL 33311-4126

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Same as above

City & State

Same as above

Zip

33311

Country

Broward

Zip

33311

Country

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOGBO, CHUCK P.A.
2331 N. STATE RD. 7
SUITE 124
LAUDERHILL FL 33313

Name

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

City

FL

Zip Code

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, 2000 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 **P** ☐ Delete
NAME **ODE, PATRICK**
STREET ADDRESS **714 S.W. 20TH TERR.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

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

TITLE **V** ☐ Delete
NAME **ODE, PATRICIA**
STREET ADDRESS **714 S.W. 20TH TERR.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick Ode*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00