

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014786

1. Entity Name
AFRA CORP.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90007 034 ***550.00

Principal Place of Business

961 N.E. 156TH TERRACE
N MIAMI BEACH FL 33162

Mailing Address

961 N.E. 156TH TERRACE
N MIAMI BEACH FL 33162

2. Principal Place of Business

1954 PLUNKETT ST
Suite, Apt. #, etc.

3. Mailing Address

1954 PLUNKETT ST
Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

65-0731836

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

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

LYSEE, JEAN-FRANCOIS

961 N.E. 156TH TERRACE

N MIAMI BEACH FL 33162

1954 PLUNKETT ST
HOLLYWOOD FL
33020

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
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
PVST
LYSEE, JEAN-FRANCOIS
961 N.E. 156TH TERRACE
N MIAMI BEACH FL 33162 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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LYSEE, JEAN-FRANCOIS
961 N.E. 156TH TERRACE
N MIAMI BEACH FL 33162 ☐ Delete

TITLE
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NAME
STREET ADDRESS
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: X

DATE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)