

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

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90175 004 ***150.00

DOCUMENT # **P97000078443**

1. Entity Name

AFRIKAN SOFISTIKAT, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

511 SYLVAN DRIVE

3. Mailing Address

511 SYLVAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK FL

City & State

WINTER PARK FL

4. FEI Number

59-3471236

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TALLEY, JAMES M

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

20 North

Avenue 15th floor

City

Orlando

FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **President**
NAME **OTEGBEYE GLADYS**
STREET ADDRESS **511 SYLVAN DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST**
NAME **OTEGBEYE AYODEJI**
STREET ADDRESS **511 SYLVAN DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CINOTEGBEYE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02

Date

4076291175

Daytime Phone #

CR2E034B (12/01)

Attachment

AFRIKAN SOFISTIKAT INC
511 Sylvan Drive Winter Park
Florida 32789
(407) 629-1175

7/22/02

-Re: Document number P97000078443 / 675547

To whom it may Concern:

I am requesting that you waive the late fee on the Business uniform Report form. The initial form and fee was mailed in the month of May. But it looks like the form and check must have been lost in the mail.

Please find enclosed a new check and Uniform Business report form that was mailed to me to be filled and sent back.

Sincerely,

G. N. Otegbeye
Gladys Otegbeye
President