

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060827

1. Entity Name

AFRI PAC INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90130 046 ***150.00

Principal Place of Business

2769 NW 36TH AVE
 LAUDERDALE LAKES FL 33311-1823

Mailing Address

2769 NW 36TH AVE
 LAUDERDALE LAKES FL 33311-1823

2. Principal Place of Business

2331 N. State Rd 7

Suite, Apt. #, etc.

201

City & State

Lauderhill FL

Zip

33313

Country

US

3. Mailing Address

2331 N. State Rd 7

Suite, Apt. #, etc.

201

City & State

Lauderhill FL

Zip

33313

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0851582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROGERS, HAZELLE
 2769 NW 36TH AVE
 LAUDERDALE LAKES FL 33311-1823

7. Name and Address of New Registered Agent

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

Hazelle Rogers

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

(NOTE: Registered Agent signature required when reinstating)

04-27-00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, HAZELLE	
STREET ADDRESS	2769 NW 36 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HAMMOND, ERIC	
STREET ADDRESS	4167 N. STATE RD 7	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODOM-FOXWORTH, ALETHA	
STREET ADDRESS	1740 NW 47 AVE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLNESS, DALE	
STREET ADDRESS	4325 W. SUNRISE	
CITY-ST-ZIP	PLANATATION FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	KONG-HOLNES, MARIA	
STREET ADDRESS	1733 NW 38 AVE	
CITY-ST-ZIP	LAUDERHILL FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonia Martinez	
STREET ADDRESS	2331 N. State Rd 7 Suite 201	
CITY-ST-ZIP	Lauderhill FL 33313	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nestel Stephens	
STREET ADDRESS	510 NW 29th Ave	
CITY-ST-ZIP	Fort Lauderdale FL 33311	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kerrin Dick	
STREET ADDRESS	5706 B Swordfish Circle	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

A Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-00

Date

Daytime Phone #

954-777-0216

CR2E034 (9/99)