

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90035 039 \*\*\*150.00

DOCUMENT # P99000082627

1. Entity Name

BOUTIQUE AFRICAINE INTERNATIONAL, INC.

Principal Place of Business

7504 N. FLORIDA AVENUE  
TAMPA FL 33603

Mailing Address

4514 WISHART BLVD.  
TAMPA FL 33603-2827

2. Principal Place of Business

7504 N. FLA AVE

3. Mailing Address

4514 WISHART BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FLORIDA

Zip

33604

Country

U.S.

Zip

33603

Country

USA

4. FEI Number

59-3596897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ETCHENE, NIAMKE J  
4514 WISHART BLVD.  
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name

N/A

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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PD                   | <input type="checkbox"/> Delete |
| NAME           | ETCHENE, NIAMKE J    |                                 |
| STREET ADDRESS | 4514 WISHART BLVD.   |                                 |
| CITY-ST-ZIP    | TAMPA FL 33603       |                                 |
| TITLE          | VD                   | <input type="checkbox"/> Delete |
| NAME           | CLIMBIE, ANTOINE C   |                                 |
| STREET ADDRESS | 4514 WISHART BLVD.   |                                 |
| CITY-ST-ZIP    | TAMPA FL 33603       |                                 |
| TITLE          | TD                   | <input type="checkbox"/> Delete |
| NAME           | ETCHENE, ELISABETH E |                                 |
| STREET ADDRESS | 4514 WISHART BLVD.   |                                 |
| CITY-ST-ZIP    | TAMPA FL 33603       |                                 |
| TITLE          | SD                   | <input type="checkbox"/> Delete |
| NAME           | ETCHENE, ESTHER B    |                                 |
| STREET ADDRESS | 4514 WISHART BLVD.   |                                 |
| CITY-ST-ZIP    | TAMPA FL 33603       |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |     |   |
|----------------|-----|---|
| TITLE          |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | N/A |   |
| STREET ADDRESS |     |   |
| CITY-ST-ZIP    |     |   |
| TITLE          |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | N/A |   |
| STREET ADDRESS |     |   |
| CITY-ST-ZIP    |     |   |
| TITLE          |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | N/A |   |
| STREET ADDRESS |     |   |
| CITY-ST-ZIP    |     |   |
| TITLE          |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | N/A |   |
| STREET ADDRESS |     |   |
| CITY-ST-ZIP    |     |   |
| TITLE          |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | N/A |   |
| 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

*Niamke J Etchene*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/00

813 239-2135  
813 870-6811

CR2E034 (9/99)