

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082627

1. Entity Name

AFRICAN MARKET, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90051 043 ***150.00

03-0204

Principal Place of Business

7504 N. FLORIDA AVENUE

TAMPA FL 33603

5810 N. 40th ST

TAMPA, FL 33603 (33610)

Mailing Address

4514 WISHART BLVD.

TAMPA FL 33603

544857

2. Principal Place of Business

5810 N 40th ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

4. FEI Number

59-3596897

Applied For

Not Applicable

Zip

33610

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETCHENE, NIAKKE 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, 2001 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
NAME ETCHENE, NIAKKE J
STREET ADDRESS 4514 WISHART BLVD.
CITY-ST-ZIP TAMPA FL 33603

TITLE VD
NAME ANTOINE C. ETCHENE
STREET ADDRESS CLIMBIE, ANTOINE C
CITY-ST-ZIP 4514 WISHART BLVD.
TAMPA FL 33603 (ETCHENE, C. ANTOINE)

TITLE TD
NAME ETCHENE, ELISABETH E
STREET ADDRESS 4514 WISHART BLVD.
CITY-ST-ZIP TAMPA FL 33603

TITLE SD
NAME ETCHENE, ESTHER B
STREET ADDRESS 4514 WISHART BLVD.
CITY-ST-ZIP TAMPA FL 33603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIAKKE J. Etchene

Date

Daytime Phone #

APRIL 24, 2001 (913) 239-2135

(913) 870-6811 Home

CR2E034 (10/00)