MAY-01-2002 11:36 AM TEXACO FOOD MART 40

FROM : FAX NO. : 4073390659

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

05-28-2002 91754 047 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098846

1. Entity Name
American & African Colours Inc

Principal Place of Business
1649 Acme street
Orlando, FL
32805

Mailing Address
13732 RIDGE TOP RD
Orlando, FL
32837

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3604587 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MUNIR, SAJID
13732 RIDGE TOP RD
ORLANDO FL 32837

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 [redacted] Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	President MUNIR, SAJID 13732 RIDGE TOP RD ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: 4-25-02 4075401255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #