

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000050397**

1. Entity Name  
**AFRICAN AMERICAN FINANCIAL RESOURCE ALLIANCE, INC.**

**FILED**  
**01 FEB 28 PM 4:13**  
**SECRETARY OF STATE**  
**FALLAHASSEE, FLORIDA**

Principal Place of Business: **640 Cricklewood Terrace Heathrow, FL 32746**  
Mailing Address: **640 Cricklewood Terrace Heathrow, FL 32746**

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

4. FEI Number: **59-3684264**  
Applied For:  Not Applicable

DO NOT WRITE IN THIS SPACE

Zip: Country Zip: Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**American Information Services, Inc.**  
**One SE 3rd Avenue**  
**28th Floor**  
**Miami, FL 33131**

7. Name and Address of New Registered Agent  
Name: **F & L Corp.**  
Street Address (P.O. Box Number is Not Acceptable): **The Greenleaf Bldg., 3rd Floor**  
**200 Laura Street**  
City: **Jacksonville** FL Zip Code: **32201-0240**

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]* **agent** **John A. Sanders** **02/22/01**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/D</b>	<input type="checkbox"/> Delete
NAME	<b>Robert Johnson</b>	
STREET ADDRESS	<b>640 Cricklewood Terrace</b>	
CITY-ST-ZIP	<b>Heathrow, FL 32746</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>Mike Trier</b>	
STREET ADDRESS	<b>640 Cricklewood Terrace</b>	
CITY-ST-ZIP	<b>Heathrow, FL 32746</b>	
TITLE	<b>Tanya Johnson</b>	<input type="checkbox"/> Delete
NAME	<b>Debra Johnson</b>	
STREET ADDRESS	<b>640 Cricklewood Terrace</b>	
CITY-ST-ZIP	<b>Heathrow, FL 32746</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>700003803167--3</b>	
CITY-ST-ZIP	<b>-03/06/01--01116--002</b>	
	<b>****150.00 ****150.00</b>	
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		
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: *[Signature]* **Robert Johnson** **02/22/01**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/00)