

2001 UNIFORM BUSINESS REPORT (UBR)

1022

DOCUMENT # N00000001117

1. Entity Name
WORLD AFRICAN TRADITIONAL ARTS CORP

FILED

01 DEC 17 AM 11:22

Principal Place of Business
1755 CALAIS DRIVE, #3
MIAMI BEACH FL 33141

Mailing Address
1755 CALAIS DRIVE, #3
MIAMI BEACH FL 33141

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2001 UBR *
DON'T WRITE IN THESE SPACES

2. Principal Place of Business
1125 MARSEILLES DR
Suite, Apt. #, etc. **8B**

3. Mailing Address
1125 MARSEILLES DR
Suite, Apt. #, etc. **8B**

City & State
MIAMI BEACH FL.

City & State
MIAMI BEACH FL.

Zip
33141 Country
MIAMI DADE

Zip
33141 Country
MIAMI DADE

4. FEI Number
65-0988636 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~JORDAN, BRENDA~~
~~1755 CALAIS DRIVE, #3~~
~~MIAMI BEACH FL 33141~~

7. Name and Address of New Registered Agent

Name **Brenda Jordan**
Street Address (P.O. Box Number is Not Acceptable)
1125 marseilles Dr # 8B
City **Miami Beach** FL Zip Code **33141**

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 **Brenda Jordan** **Brenda Jordan** **11/28/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, BRENDA 1755 CALAIS DRIVE, #3 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWINGTON, SHARON 1755 CALAIS DRIVE, #3 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUPINAN, DIEGO 1755 CALAIS DRIVE, #3 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brenda Jordan 1125 marseilles Dr # 8B Miami Beach FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sharon Brewington 1717 N. Bayshore Dr # 3554 Miami FL 331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Diego Stupinan 9140 W Bayharbor Dr #5 Bayharbor Island FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Constance Ekon (Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2291 NW 86 ST MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jacqueline Lewis 7525 E. Treasure Dr # 9 North Bay Village FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004883427--2 -02/06/02--01067--003 *****70.00 *****70.00

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Brenda Jordan** **Executive Director Brenda Jordan 12/1/01 (905) 968 6076**

CR2E037 (5/01)

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W A T A

World African Traditional Arts Corp.

1125 Marseilles Dr. Suite 8B Miami Beach Fl. 33141 (305)968-6076

November 28, 2001

Uniform Business Report

Division of Corporations

P.O. Box 1500

Tallahassee, FL 3203-1500

To whom it may concern:

Regarding Document # N00000001117, I am writing this letter to let you know our organizational address has changed to the above address, the Uniform Business Report just arrived very late, I immediately called and explained the situation to someone at your office as well as the Post Office, at your office I was told to write a letter explaining the delay. I am sending the check as I was told in the amount of \$61.25 plus the additional \$8.75 for the certificate of status, for the total amount of \$69.00 dollars. Please don't hesitate to call for more info (305) 8682182 or (305) 9686076 via fax, (305) 8689963 via e-mail, cupofwata@hotmail.com

Thank you very much for your cooperation in this matter.

Sincerely, Brenda Jordan,



Brenda Jordan, *Brenda Jordan*
Executive Director