2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2002 8:00 am Secretary of State DOCUMENT # N0000000140 1. Entity Name ASSOCIATION FOR THE ADVANCEMENT OF UGANDAN AMERI 4-29-2002 90081 002 ****61 CANS, INC. Principal Place of Business Mailing Address 35 AMADOR VILLAGE CIR., UNIT 32 PO BOX 3691 HAYWARD CA 94544 HAYWARD CA 94540-3691 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1007558 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kimberly Sellards Street Address (P.O. Box Number is Not Acceptable) OTENGHO, SUNDAY-JOSEPH 7017 Southeast Delegate Street 12203 BRISBANE LANE WELLINGTON FL 33414-5533 Hobe Sound 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. Kim Sellards. Secretary 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) ☐ Delete TITLE XXChange Addition TITLE OTENGHO, SUNDAY-JOSEPH DR NAME Otengho, Sunday-Joseph Dr. NAME 12203 BRISBANE LANE STREET ADDRESS STREET ADDRESS 35 Amador Village Circle, Unit 32 WELLINGTON FL 33414-5533 CITY-ST-ZIP CITY-ST-ZIP Hayward, CA 94544-1267 VCD TITLE **X X**Change ☐ Addition TITI F ☐ Delete VCD OTENGHO, CAROL R NAME NAME Otengho, Carol R. 12203 BRISBANE LANE STREET ADDRESS STREET ADDRESS 35 Amador Village Circle, Unit 32 CITY-ST-ZIP WELLINGTON FL 33414-5533 Hayward, CA 94544-1267 -Addition TITLE XX Delete TITLE Change VSD. Wampamba, Margaret A NAMÉ Sellards Kimberly_ NAME STREET ADDRESS 2424 DEW MEADOW COURT STREET ADDRESS 7017 Southeast Delegate Street CITY-ST-ZIP HERNDON VA 20171 CITY-ST-ZIP Hobe Sound, FL 33455 TD TITLE ☐ Change **X**Addition TITLE **X** Delete VTD KALANZI, NICHOLAS NAME NAME Temple, Bernadine J. 2044 BIRCHWOOD AVENUE STREET ADDRESS STREET ADDRESS 3503 Skyline Drive CHICAGO IL 60645 CITY-ST-7IP CITY-ST-7IP <u> Hayward, CA 94542-2503</u> **X**Addition TITLE (Delete TITLE Change GRAY, NANCY B NAME NAME Lwanga, Sebastiane 5064 PINE ABBEY DRIVE SOUTH STREET ADDRESS STREET ADDRESS 4018 Esters Road, Apartment 2065 CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP Irving, TX 75038-1422 TITLE **XX**Delete TITLE Change XXAddition Mureeba, David T NAME NAME Kabenge, Raymond 5720 LBJ FREEWAY STE 420 STREET ADDRESS STREET ADDRESS 14026 Vista Drive, Suite 82-A CITY-ST-ZIP DALLAS TX 75240 CITY-ST-ZIP <u>Laurel, MD</u> 20707-5800 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.

BEKIM Sellards, Secretary

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	ciation For T			IGANDAR) America	ns, Inc
			OIAOL			
	2. Principal Place of Business 3. Suite, Apt. #, etc.		Mailing Address			
		Suite, Apt. #, etc	· <u></u>		O NOT WRITE IN THIS SI	
City & State		City & State		4. FEI Number Applied For Not Applicat		Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
		و مستدر برسید و باید بردو	Name	7. Name and Address	of Current Registered	Agent
	DO NOT \	WRITE	Street Addres	ss (P.O. Box Number is Not	Acceptable)	
	IN THIS S	PACE				
ŧ			City	 	FL	Zip Code
	FEE IS \$61.25 Initial or Amended UBR	9. Election Trust Fi	n Campaign Financing und Contribution.	\$5.00 May Be Added to Fees	Make Check Department	-
10.	Initial or Amended UBR OFFICERS AND	Trust Fi	und Contribution.			t of State
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Date

Daytime Phone #

Entity Name				
ASSOCIATION FOR THE ADVANCEMENT OF UGANDAN AMERI				
Principal Place of Business Mailing Address	•			
12203 BRISSAN LANE PO BOX 20875 WELLINGTON FL 33414 W. PALM BEACH FL 33416	M COM CTA COR COM COM SOM SOM SOM SOM SOM SOM			
2. Principal Place of Business 3. Mailing Address	DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. DO1				
City & State City & State 4. FEI Number 65-1007	558 Applied For Not Applicable			
Zip Country Zip Country 5. Certificate of Status	- \$8.75 Additional			
6. Name and Admiess of Current registrate Agent	of New Registered Agent			
Name OTENOHO, SUND	NY-JOSEPH			
OTENCHO, SUNDAY-JOSEPH #150, 500 N. CONGRESS AVE.	Street Address (P.O. Box Number is Not Acceptable) 12203 BRISBANE LANE			
WEST PALM BEACH FL 33401-2918	FL ZaCode			
WELLINGTON 8. The abovernamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent.				
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) FILE: NOW: 9. Election Campaign Financing Trust Fund Contribution. C. Added to Fees	Make Check Payable to Department of State			
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^{12.} I hereby certify that the information supplied with this filing does not qualify for the examption 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 in changed, or on an attachment with an address, with all other like empowered.