

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

02-08-2000 90150 050 ****61.25

DOCUMENT # N95000003480

1. Entity Name

EDO ASSOCIATION OF FLORIDA INCORPORATED

Principal Place of Business

18350 NW 2 AVE
401
MIAMI FL 33169
US

Mailing Address

P O BOX 694413
MIAMI FL 33269-1413
US

2. Principal Place of Business

8420 MIRAMAR PARKWAY

3. Mailing Address

THE SAME AS ABOVE.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

MIRAMAR, FL 33025

Suite, Apt. #, etc.

City & State

City & State

A-FEE Number

65-0550278

Applied For

Not Applied

Zip

33025

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

8. Name and Address of Current Registered Agent

OVIASOGIE, PHILIP
18350 NW 2 AVE #401
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name **IGBINOBA, SUNDAY**

Street Address (P.O. Box Number is Not Acceptable)

8420 MIRAMAR PARKWAY,

City **MIRAMAR**

FL

Zip Code **33025**

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

1/26/2000

FILE NOW:
FEE IS \$61.25

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	VDP	<input checked="" type="checkbox"/> Delete
NAME	OVIASOGIE, PHILIP	
STREET ADDRESS	3404 SHERATON PLACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ENOGIERU, SUNDAY	
STREET ADDRESS	9811 BOSQUE LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWANI, NOSA	
STREET ADDRESS	880 N.W. 213RD LANE, #203	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	IZEUBIGIE, SCOTTY	
STREET ADDRESS	1860 NE 142ND STREET APT#7H	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	IGBINOBA, SUNDAY	
STREET ADDRESS	8420 MIRAMAR PARKWAY,	
CITY-ST-ZIP	MIRAMAR, FLORIDA 33025	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	OJO, GODWIN	
STREET ADDRESS	7630 SHALIMAR STREET,	
CITY-ST-ZIP	MIRAMAR, FLORIDA 33023	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	LAWANI, NOSA	
STREET ADDRESS	880 N.W. 213 LANE, APT.#203	
CITY-ST-ZIP	MIAMI, FLORIDA 33169	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	OGBEBOR, KEVIN	
STREET ADDRESS	645 IVES DAIRY ROAD, BLDG 3,	
CITY-ST-ZIP	APT.#115, MIAMI, FLORIDA 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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

DATE

DAYTIME PHONE #

1/26/2000 (954) 435-1111