

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002189

1. Entity Name

AKWA IBOM STATE ASSOCIATION OF NIGERIA (U.S.A.),

FILED

00 MAR 30 AM 11:25

Principal Place of Business

Mailing Address

18270 SW 142 PLACE
MIAMI FL 33177

18270 SW 142 PLACE
MIAMI FL 33177-7620

SECRETARY OF STATE
FLORIDA

2/25/00 1400000005 \$70.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0917852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IKPEINYANG, BASSEY T
18270 SW 142 PLACE
MIAMI FL 33177

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

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 + 875

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	IKPEINYANG, BASSEY T MR.	
STREET ADDRESS	18270 SW 142 PLACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	EKWERE, PHILOMINA MRS.	
STREET ADDRESS	2648 BAHAMA DR.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	DSP	<input type="checkbox"/> Delete
NAME	AKPAN, MIKE DR.	
STREET ADDRESS	2648 BAHAMA DR.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ESSIET, NSE MRS.	
STREET ADDRESS	19821 NE 13 CT.	
CITY-ST-ZIP	N.MIAMI BEACH FL 33179	
TITLE	DFS	<input type="checkbox"/> Delete
NAME	EYO, BUFFER MR.	
STREET ADDRESS	P.O. BOX 970728	
CITY-ST-ZIP	MIAMI FL 33197	
TITLE	DPRO	<input type="checkbox"/> Delete
NAME	OKON, BASSEY MR.	
STREET ADDRESS	1190 N. STATE RD. 7, #215	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

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		
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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		

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

2/18/00

CR2E037 (9/99)