

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002189

1. Entity Name

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

Principal Place of Business

18270 SW 142 PLACE
MIAMI FL 33177

Mailing Address

18270 SW 142 PLACE
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0917852

Applied For

Not Applicable

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90096 006 ****61.25



DO NOT WRITE IN THIS SPACE

0043902

CR2E037 (10/00)