

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

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-01-2002 90063 005 ****70.00

DOCUMENT # 199000002189
1. Entity Name
AKWA IBOM STATE ASSOCIATION OF NIGERIA (USA) INC MIAMI CHAPTER

DO NOT WRITE IN THIS SPACE

- 21166

2. Principal Place of Business
15121 SW 154 ct
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 770936
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL City & State MIAMI FL 4. FEI Number 65-0917852 Applied For
Not Applicable

Zip 33196 Country MIAMI-DADE Zip 33177 Country MIAMI DADE 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name BUFFER E. EYO
Street Address (P.O. Box Number is Not Acceptable)
15121 SW 154 ct
City MIAMI FL Zip Code 33196

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 BUFFER E. EYO [Signature] 3/26/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR

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	<u>DP</u> <u>Mr BUFFER E. EYO</u> <u>15121 SW 154th ct</u> <u>MIAMI FL 33196</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DVP</u> <u>Rev. Dr Aloysius Oton</u> <u>7000 NW 186 st Apt 229</u> <u>MIAMI FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DSP</u> <u>Mr JUSTIN EKWERE</u> <u>2648 BAHAMA DR.</u> <u>MIRAMA FL 33029</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DT</u> <u>Ms. ENO ETTANG</u> <u>17970 SW 134 ct</u> <u>MIAMI FL 33177</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DFS</u> <u>Mrs MERCY IHPREMYANG</u> <u>18270 SW 142 PL</u> <u>MIAMI FL 33177</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DPRO</u> <u>Mr BASSY Oton</u> <u>1190 N. STATE RD 7 #215</u> <u>FT LAUDERDALE FL 33312</u>	TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3/26/02 305-254-9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)