

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

05-23-2002 90108 018 ****61.25

DOCUMENT # N00000002504

1. Entity Name

AFRICA EDUCATION & CULTURE ORGANIZATION, INC.

FEI Number 65-1000126

Principal Place of Business

Mailing Address

**9111 ANDORA DRIVE
 MIRAMAR FL 33025**

**9111 ANDORA DRIVE
 MIRAMAR FL 33025**

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

65-1000126

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

**OLAIGBE, OLA
 18441 N.W. 2ND AVENUE
 SUITE 220
 MIAMI FL 33169**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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	PD FOLORUNSHO, MUFUTAU M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9111 ANDORA DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE NAME	VD BASSEY, EKPEYONG	<input type="checkbox"/> Delete
STREET ADDRESS	9111 ANDORA DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE NAME	TD AJAYI, KUNLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9111 ANDORA DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE NAME	SD ARMINDO, CARINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9111 ANDORA DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE NAME	D ORUNMILA, OLOMIDE	<input type="checkbox"/> Delete
STREET ADDRESS	9111 ANDORA DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE NAME	D KAKRAN, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	9111 ANDORA DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	

TITLE NAME	KUNLE AJAYI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9111 ANDORA DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	PRESIDENT
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	AJO SALVADOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9111 ANDORA DR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE NAME	JUAN DIAZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9111 ANDORA DR	
CITY-ST-ZIP	MIRAMAR FL 33025	S.D.
TITLE NAME	FOLORUNSHO MUFUTAU, M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9111 ANDORA DR	
CITY-ST-ZIP	MIRAMAR FL 33025	T.D.
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/02

786-4894313

CR2E037 (4/02)

Attachment

870635


#N00000002504

Payment made
in March 2002.
FEI-65-1000126

Thank-you.