

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000005110**

1. Entity Name

OMA-IWERE ASSOCIATION OF FLORIDA INC.

Principal Place of Business

1035 NORTHEAST 125 STREET  
SUITE 308  
NORTH MIAMI FL  
33161

Mailing Address

1035 NORTHEAST 125 STREET  
SUITE 308  
NORTH MIAMI FL  
33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

☒ 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

AGBEYEGBE JOHN I  
1035 NORTHEAST 125 STREET  
SUITE 308  
NORTH MIAMI FL  
33161

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

**03/21/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	ANIMASHAUN PATRICA	1035 NORTHEAST 125 STREET	FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	IBOYI PATRICIA	1035 NORTHEAST 125 STREET	FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	AGBEYEGBE JOHN I	1035 NORTHEAST 125 STREET	FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Chief John I. Agbeyegbe

D

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)