

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007812**

1. Entity Name

EGBE OMO EKO AMERICAS, INC.**FILED**
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90010 047 ****70.00

Principal Place of Business

**9601 NW 10 STREET
PLANTATION FL 33322**

Mailing Address

**PO BOX 290535
DAVIE FL 33329-0535**

2. Principal Place of Business

9601 NW 10TH STREET

3. Mailing Address

P.O. BOX 121493

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL.

City & State

FORT LAUDERDALE, FL.

4. FEI Number

65-1083715

Applied For

Not Applicable

Zip
33322Country
USAZip
33312-0025Country
USA5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAWODU, ALHAJI S
9601 NW 10 STREET
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

NOT APPLICABLE

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

ALHAJI 'SESI DAWODU - PRESIDENT**JUNE 11, 2001**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DAWODU, ALHAJI S
9601 NW 10 STREET
PLANTATION FL 33322** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
AROMIRE, BESHEER
9626 NW 49 COURT
SUNRISE FL 33351** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ETTI, FATAI
19897 NW 62 AVE
MIAMI FL 33015** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: ALHAJI 'SESI DAWODU - PRESIDENT 06/11/01 954-424-1642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #