

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007812

1. Entity Name

EGBE OMO EKO AMERICAS, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1083715

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

DAWODU, ALHAJI S
9601 NW 10 STREET
PLANTATION FL 33322

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
After September 12, 2001, 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

TITLE NAME PD
STREET ADDRESS DAWODU, ALHAJI S
CITY-ST-ZIP 9601 NW 10 STREET
PLANTATION FL 33322 ☐ Delete

TITLE NAME SD
STREET ADDRESS AROMIRE, BESHEER
CITY-ST-ZIP 9626 NW 49 COURT
SUNRISE FL 33351 ☒ Delete

TITLE NAME TD
STREET ADDRESS ETTI, FATAI
CITY-ST-ZIP 19897 NW 62 AVE
MIAMI FL 33015 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME GENERAL SECRETARY/D
STREET ADDRESS ETTI, KEHINDE
CITY-ST-ZIP 19897 NW 62 AVENUE
MIAMI FL 33055 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS 100005171241--1
CITY-ST-ZIP -03/27/02--01002--017
*****70.00 *****61.25 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 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:

RECALHAJID SESI DAWODU 03/18/02 954-423-0862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
02 MAR 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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