2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007195

Entity Name: NIGERIAN-AMERICAN FOUNDATION, INC.

FILED Apr 23, 2002 8:00 AM Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|--|--|----------------------------------|------------------|---|--|--|
| 17847 NW MIAMI, FL | 27TH AVE 33054 | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 17847 NW MIAMI, FL | 27TH AVE 33054 | | | | | |
| FEI Number: | 65-1145145 | FEI Number Applied For() | FEI Nun | nber Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and Address | of New Registered Agent: | | |
| OSOLASE, ANDREW 10101 NW MIAMI COURT MIAMI, FL 33150 | | | | OSOLASE, ANDREW U 10101 NW MIAMI COURT MIAMI SHORES, FL 33150 | | |
| The above in the State | named entity : of Florida. | submits this statement for the p | urpose o | f changing its register | red office or registered agent, or both, | |
| SIGNATURE: ANDREW U. OSOLASE | | | | | 04/23/2002 | |
| | Electror | ic Signature of Registered Age | nt | | Date | |
| OFFICERS | S AND DIREC | TORS: | | ADDITIONS/CHANG | GES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | AYODELE, GB 1082 NE 176TH | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | AFOLABI, TUNI 15181 NW 1ST | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () GILBERT, CHA 14881 SW 96T MIAMI, FL 331 | H TERRACE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () OKPAI, E.U.K 4700 NW 12TH PLANTATION, I | COURT | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SULEMAN, DAI 21 SW 63RD T | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () AHMED, HASS, 2901 CYPRES MIRAMAR, FL | S AVE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GBOLA AYODELE D 04/23/2002