

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90555 002 ****70.00

DOCUMENT # N02000000238



1. Entity Name
NIGERIAN-AMERICAN YOUTH ORGANIZATION INC.

Principal Place of Business
**610 NW 183RD ST., SUITE 7
MIAMI FL 33169**

Mailing Address
**610 NW 183RD ST., SUITE 7
MIAMI FL 33169**



2. Principal Place of Business

3. Mailing Address

P.O. Box 1183

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

State **FL - MIAMI**

4. FEI Number

02-0535791

Applied For

Not Applicable

Zip

Country

Zip **33054**

Country

U.S.A

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

**JOSHUA, PAT
610 NW 183RD ST., SUITE 7
MIAMI FL 33169**

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

SIGNATURE

[Handwritten Signature]

1/23/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JOSHUA, PAT	610 NW 183RD ST., SUITE 7	MIAMI FL 33169	<input type="checkbox"/>
D	INJE, MARY	610 NW 183RD ST., SUITE 7	MIAMI FL 33169	<input checked="" type="checkbox"/>
D	JOSHUA, MARGARET	610 NW 183RD ST., SUITE 7	MIAMI FL 33169	<input type="checkbox"/>
D	OSHI-KOYA, OLA	610 NW 183RD ST., SUITE 7	MIAMI FL 33169	<input checked="" type="checkbox"/>
D	BAMISHI-GBIN, SOLA	610 NW 183RD ST., SUITE 7	MIAMI FL 33169	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PAUL AGBEYEGBE	610 NW 183rd St #7	Miami, FL 33169	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	NANCY ADEBISI	610 NW 183rd St #7	Miami, FL 33169	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASST. SECRETARY	ERICA LAWAL	610 NW 183rd St #7	Miami, FL 33169	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

1/23/03

CR2E037 (10/02)