

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

5/1/2003-90241-018-\$61.25-\$61.25

0006632

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -8 AM 8:00



DOCUMENT # N02000000286

1. Entity Name
NIGERIAN-AMERICAN CHAMBER OF COMMERCE INC.

Principal Place of Business Mailing Address
2063 OPA LOCKA BLVD. 2063 OPA LOCKA BLVD.
MIAMI FL 33054 MIAMI FL 33054

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 Applied For
33-1001748 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES *MRJ*



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACK, SAMUEL
2063 OPA LOCKA BLVD.
MIAMI FL 33054

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 _____
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 10, 2003, min will be \$236.25

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
P	JACK, SAMUEL	2063 OPA LOCKA BLVD.	MIAMI FL 33054	<input type="checkbox"/>
S	ADEJOBI, AYOOLA	513 SW 9TH ST., #2	HALLANDALE FL 33009	<input checked="" type="checkbox"/>
DIRECTOR	BAYO ABINA	1281 N.W. 202 ST.	MIAMI FL 33169	<input type="checkbox"/>
DIRECTOR	DR FRANKLYN ANYIKWAND	1019 PINE BRANCH DR.	WESTON FL 33326	<input type="checkbox"/>
DIRECTOR	DR ISAAC AFILEYE	10825 S.W. 184th ST	MIAMI FL 33157	<input type="checkbox"/>
FINANCIAL SECRETARY	SUNDAY AKIMBIYI	18542 N.W. 23 CE	MIAMI FL 33056	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SECRETARY	ENDGIERU SUNDAY	9811 BOSQUE LANE	MIRAMAR FL 33025	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ORGANISING SEC.	MRS TAYO AFILEYE	10825 S.W. 184th ST.	MIAMI FL 33157	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this UBR 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: SUNDAY AKIMBIYI SIGNATURE REQUIRED

Date: 09/5/03 Daytime Phone #: 305 681 3900

CR2E037 (4/03)