

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

FILED
May 29, 2003 8:00 am
Secretary of State

5/2

05-02-2003 90082 012 ****61.25

DOCUMENT # N02000006935

1. Entity Name

IMO UMUNNA ASSOCIATION OF FLORIDA, INC.



Principal Place of Business
**135 N W 163 STREET
NORTH MIAMI BEACH FL 33169**

Mailing Address
**135 N W 163 STREET
NORTH MIAMI BEACH FL 33169**

330440620

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 **14-1847438**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**IZUNOBI, CELESTINE DR.
19042 NW 54 COURT
MIAMI FL 33055**

7. Name and Address of New Registered Agent

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

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

TITLE **P, D** ☐ Delete
NAME **IZUNOBI, CELESTINE DR**
STREET ADDRESS **19042 NW 54TH COURT**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **V, D** ☐ Delete
NAME **NWADIKE, NAOMI**
STREET ADDRESS **2238 SOUTH MIAMI AVENUE**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **S, D** ☐ Delete
NAME **OSUJI, JUDE**
STREET ADDRESS **6955 NW 186TH STREET**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **S** ☐ Delete
NAME **ACHARAEKE, UKACHI ASST.**
STREET ADDRESS **1112 SW 129 PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **S** ☐ Delete
NAME **NWAOSU, CHARLES FINANCI**
STREET ADDRESS **2501 NW 173RD TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ Delete
NAME **OGWO, NGOZI**
STREET ADDRESS **135 N W 163 STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33169**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

(305) 829-0448

Daytime Phone #

CR2E037 (10/02)