



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2008 8:00 am
Secretary of State

06-17-2008 90001 024 ****61.25

DOCUMENT # N04000012026					
1. Entity Name UMU ABIA SOUTH FLORIDA, INC.					
Principal Place of Business 7775 WEST GRANADA BOULEVARD MIRAMAR, FL 33023		Mailing Address P.O. BOX 246386 PEMBROKE PINES, FL 33026			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-1108069	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IHEM, CHUCKS 7775 WEST GRANADA BOULEVARD MIRAMAR, FL 33023			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IHEM, CHUCKS		NAME	EZEALA, ETIKE	
STREET ADDRESS	7775 WEST GRANADA BOULEVARD		STREET ADDRESS	20850 SAN SIMEON WAY, #302-5	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PUBLICITY SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NWANKWO, DAVID		NAME	OJUKWU, ENOCH	
STREET ADDRESS	2912 SHOUGHNESSY DRIVE		STREET ADDRESS	602 NW 4th AVENUE	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	PVT	<input type="checkbox"/> Delete	TITLE	CULTURAL DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, WILSON		NAME	OKORO, CHINYERE	
STREET ADDRESS	3214 NW 203 STREET		STREET ADDRESS	940 E. DAYTON CIR.	
CITY-ST-ZIP	MIAMI GARDENS, FL 33056		CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBEJI, NGOZI		NAME		
STREET ADDRESS	2358 SW 135 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OJUKWU, OTEGA		NAME		
STREET ADDRESS	18777 NW 78TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
TITLE	FS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OJUKWU, DUCKWORTH		NAME		
STREET ADDRESS	187777 NW 78TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		IHEM, CHUCKS		06/03/2008 954 205-9480	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT



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