

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90173 026 ****61.25

DOCUMENT # N22003

1. Entity Name

IBO ASSOCIATION OF SOUTH FLORIDA (IGWE BU IKE) I NC.

Principal Place of Business

Mailing Address

P.O. BOX 692998
 MIAMI FL 33169

P.O. BOX 692998
 MIAMI FL 33169

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

65-0046738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NWADIKE, MICHAEL
2238 SOUTH MIAMI AVENUE
MIAMI FL 33129

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **OKORO, BARTHOLOMEW**
 STREET ADDRESS **135 N.E. 163RD STREET**
 CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE **VD** ☐ Delete
 NAME **MOGBO, CHUCK**
 STREET ADDRESS **10322 BOCA SPRINGS DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **S** ☒ Delete
 NAME **MBELU, AUGUSTIN**
 STREET ADDRESS **282 N.W. 83RD STREET**
 CITY-ST-ZIP **MIAMI FL 33150**

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

TITLE **TD** ☐ Delete
 NAME **IHEM, CHUCK**
 STREET ADDRESS **7775 W. GRANADA BLVD**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☒ Change ☐ Addition
 NAME **Godwin Nwobi**
 STREET ADDRESS **7050 SW 27th St**
 CITY-ST-ZIP **Miramar FL 33023**

TITLE **D** ☐ Delete
 NAME **NZERIBE, RICHARD**
 STREET ADDRESS **755 N.W. 128TH STREET**
 CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E037 (9/01)