

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N37358**

1. Entity Name

THE NIGERIAN AMERICAN OF YORUBALAND, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90122 050 ****70.00

Principal Place of Business

Mailing Address

4120 NW 186 STREET
 MIAMI FL 33055

4120 NW 186 STREET
 MIAMI FL 33055-2653

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

65-0210273

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

MARKS, KIM CPA
12550 BISCAYNE BOULEVARD, SUITE 402
NORTH MIAMI FL 33181

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 **D** Delete
 NAME **ONABANJO, EMMANUEL**
 STREET ADDRESS **4120 NW 186 STREET**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **D** Change Addition
 NAME **DANIEL OYEWALE**
 STREET ADDRESS **6727 SALTIRE TERRACE**
 CITY-ST-ZIP **MARGATE, FLORIDA 33063**

TITLE **D** Delete
 NAME **OKEGBOLA, OLU**
 STREET ADDRESS **320 NW 193 TERR.**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** Change Addition
 NAME **FEMI ADENIJI**
 STREET ADDRESS **5259 N. DIXIE HWY # A-2**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 32334**

TITLE **D** Delete
 NAME **SAWADOR, BLA**
 STREET ADDRESS **4223 SW 21TH ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** Change Addition
 NAME **ALBERT MAYUNGBE**
 STREET ADDRESS **12238 S.W 195 TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **D** Delete
 NAME **ALLE, OLUWOLE**
 STREET ADDRESS **3191 NW 133RD ST**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **D** Change Addition
 NAME **JOSEPH OBADEJI**
 STREET ADDRESS **18520 N.W 42ND AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33055**

TITLE **D** Delete
 NAME **FATERU, A. SAMSON**
 STREET ADDRESS **1600 NE 135 ST**
 CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **AJAYI, KUNLE**
 STREET ADDRESS **9111 ANDORA DR**
 CITY-ST-ZIP **MIRAMAR FL 33025**

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 OF DANIEL OYEWALE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 954-978-5738

CR2E037 (9/99)