

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90080 026 ****61.25

0018405

DOCUMENT # N37358
 1. Entity Name
~~THE NIGERIAN-AMERICAN OF YORUBALAND, INC.~~
EGBE OMA ODUNWA, INC

Principal Place of Business Mailing Address
4120 NW 186 STREET **4120 NW 186 STREET**
MIAMI FL 33055 **MIAMI FL 33055**

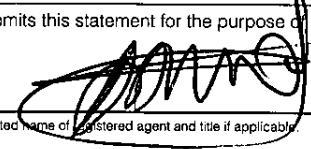
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0210273 Not Applicable

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

6. Name and Address of Current Registered Agent
MARKS, KIM CPA
12550 BISCAYNE BOULEVARD, SUITE 402
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent
 Name **MAYUNGBE, ALBERT CPA**
 Street Address (P.O. Box Number is Not Acceptable)
12238 SW 195 TERRACE
 City **MIAMI** FL Zip Code **33177**

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  DATE **3/18/02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	D OYEWALE, DANIEL <input type="checkbox"/> Delete
STREET ADDRESS	6727 SALTAIRE TERRACE
CITY-ST-ZIP	MARGATE FL 33063
TITLE NAME	D OKEGBOLA, OLU <input type="checkbox"/> Delete
STREET ADDRESS	320. NW-193 TERR.
CITY-ST-ZIP	MIAMI FL 33169
TITLE NAME	D FEMI, ADENIJI <input type="checkbox"/> Delete
STREET ADDRESS	5259 N DIXIE HWY #A-2
CITY-ST-ZIP	FT LAUDERDALE FL 32334
TITLE NAME	D ALLE, OLUWDL E <input type="checkbox"/> Delete
STREET ADDRESS	3191 NW 133RD ST
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE NAME	D MAYUNGBE, ALBERT <input type="checkbox"/> Delete
STREET ADDRESS	12238 SW 195 TERRACE
CITY-ST-ZIP	MIAMI FL 33177
TITLE NAME	D OBADEYI, JOSEPH <input type="checkbox"/> Delete
STREET ADDRESS	18520 NW 42ND AVE
CITY-ST-ZIP	MIAMI FL 33055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	OLAIGBE, OLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2279 NW 126 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **DANIEL OYEWALE** DATE: **3/18/02** DAYTIME PHONE: **305-238-4299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)