

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90144 027 \*\*\*\*70.00

**DOCUMENT # N37358**

1. Entity Name  
**EGBE OMO ODUDUWA, INC.**



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

Mailing Address  
**4120 NW 186 STREET  
MIAMI FL 33055**

2. Principal Place of Business

**19170 NW 88 COURT**

3. Mailing Address

**19170 NW 88 COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33018**

Country

**USA**

Zip

**33018**

Country

**USA**

4. FEI Number **65-0210273**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAYUNGBE, ALBERT CPA  
12238 SW 195 TERR  
MIAMI FL 33177**

7. Name and Address of New Registered Agent

Name **MAYUNGBE, ALBERT CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**10770 SW 153 STREET**  
City **MIAMI, FL** Zip Code **33157**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

**41201A3 305-238-11209**

CR2E037 (10/02)