

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**Jul 06, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90081 047 \*\*\*\*61.25

**DOCUMENT # N93000004245**

1. Entity Name

**GHANAIAN ASSOCIATION OF SOUTH FLORIDA, INC.**

Principal Place of Business

16146 NW 14TH CT  
PEMBROKE PINES FL 33028  
US

Mailing Address

P.O. BOX 6456-6305  
FORT LAUDERDALE FL 33310-6456  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0438024**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ANTWI, KINGSLEY A**  
**16146 NW 14TH CT**  
**PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

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

**4/25/2000**

**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 ☐ Delete

NAME **PD ANTWI, KINGSLEY A**  
STREET ADDRESS **16146 NW 14TH CT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☒ Delete

NAME **VPO AKITL, JOHNNY**  
STREET ADDRESS **2831 RIVERRUN CIR N**  
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete

NAME **PRO KUBAYANDA, GILBERT**  
STREET ADDRESS **4341 NW 19TH ST APT 4**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☒ Delete

NAME **S ALBOO, KOBINA A**  
STREET ADDRESS **11300 NE 2ND AVE**  
CITY-ST-ZIP **MIAMI SHORES FL 23161**

TITLE ☐ Delete

NAME **T AGYEI, KWAKU**  
STREET ADDRESS **17168 SW 144 PLACE**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete

NAME **AS SECRETARY DOKU, SAMUEL**  
STREET ADDRESS **432 NW 1ST AVE**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **VICE PRESIDENT ADIZA BUCARY**  
STREET ADDRESS **14094 GREENTREETRAIL**  
CITY-ST-ZIP **WEST PALM BEACH FL. 33414**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **ASSISTANT SECRETARY HANNAH NYANTE**  
STREET ADDRESS **22475 LABRADOR ST**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **SECRETARY**  
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 (9/99)