

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90093 019 ****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
FORT LAUDERDALE FL 33310
US

2. Principal Place of Business

6600 NW 4TH PLACE

3. Mailing Address

P.O. BOX 6305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

FORT LAUDERDALE, FL.

4. FEI Number

65-0438024

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33310

Country

USA

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 ATTAN, ADAM N.

Street Address (P.O. Box Number is Not Acceptable)

6600 NW 4TH PLACE

City PLANTATION

FL

Zip Code 33317

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

Adnan Attah (ADAM ATTAN)

02/23/01

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANTWI, KINGSLEY A	
STREET ADDRESS	16146 NW 14TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUCARY, ADIZA	
STREET ADDRESS	14094 GREENTREE TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	PRO	<input checked="" type="checkbox"/> Delete
NAME	KUBAYANDA, GILBERT	
STREET ADDRESS	4341 NW 19TH ST APT 4	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	NYANTE, HANNAH	
STREET ADDRESS	22475 LABRADOR ST	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	AGYEI, KWAKU	
STREET ADDRESS	17168 SW 144 PLACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	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	PRESIDENT (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAM N. ATTAN	
STREET ADDRESS	6600 NW 4TH PLACE	
CITY-ST-ZIP	PLANTATION, FL. 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PUBLIC RELATIONS OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULINE QUARCOO	
STREET ADDRESS	2380 NW 100TH STREET	
CITY-ST-ZIP	MIAMI, FLORIDA, 33147	
TITLE	SECRETARY (SD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL NYANTE	
STREET ADDRESS	22475 LABRADOR ST.	
CITY-ST-ZIP	BOCA RATON, FL. 33428	
TITLE	TREASURER (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES QUAYE	
STREET ADDRESS	15482 NW 21ST STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33028	
TITLE	FINANCIAL SECRETARY, FSPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN FIGUEROA	
STREET ADDRESS	20515 WEST CAPOUSEL CIRCLE	
CITY-ST-ZIP	WEST BOCA, FL. 33434	

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:

Adnan Attah (ADAM ATTAN)

02/23/01

(954) 321-8480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)