

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90475 040 \*\*\*\*70.00

**DOCUMENT # N95000004078**

1. Entity Name

**FEDERAL COUNCIL OF NIGERIANS IN SOUTH FLORIDA, I  
NC.**



Principal Place of Business

**15121 SW 154 COURT  
MIAMI FL 33196**

Mailing Address

**P.O BOX 694111  
MIAMI FL 33269**

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 **65-0607944**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EYO, BUFFER E  
15121 SW 154TH COURT  
MIAMI FL 33196**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD EYO, BUFFER E	<input type="checkbox"/> Delete
STREET ADDRESS	15121 SW 154TH CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE NAME	SD IKPEINYANG, BASSEY	<input type="checkbox"/> Delete
STREET ADDRESS	18270 SW 142ND PL	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE NAME	D UKPAI, EMMANUEL	<input type="checkbox"/> Delete
STREET ADDRESS	4700 NW 12TH CT	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE NAME	D OBADEYI, JOSEPH MR.	<input type="checkbox"/> Delete
STREET ADDRESS	1820 NW 42ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE NAME	D IKPE, NSIDIBE DR.	<input type="checkbox"/> Delete
STREET ADDRESS	13551 SW 62ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME	D OKECHUWKU, GODWIN	<input type="checkbox"/> Delete
STREET ADDRESS	13655 NE 3RD COURT	
CITY-ST-ZIP	MIAMI FL 33161	

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		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**SIGNATURE REQUIRED**

3/11/03

CR2E037 (10/02)