

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 22, 2000 8:00 am**  
**Secretary of State**

06-22-2000 90002 002 \*\*\*\*66.25

DOCUMENT # N96000000137

*(R)*

1. Entity Name

NIGERIAN AMERICAN, INC.

Principal Place of Business

Mailing Address

6325 ARLINGTON RD  
 JACKSONVILLE FL 32211  
 US

P O BOX 43042  
 JACKSONVILLE FL 32203-3042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3523385

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OYELAMI, FATAI D  
 6056 COLUMBINE DR  
 JACKSONVILLE FL 32211

*(LADELE FATAH OYELAMI)*

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

**FILE NOW:**  
**FEES 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME D OYELAMI, FATAI D *(LADELE FATAH OYELAMI)*  
 STREET ADDRESS 6056 COLUMBINE DR  
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D IYAWARUN, ABAYOMI D  
 STREET ADDRESS 4915 BAYMEADOWS RD #11D  
 CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D ONOUHO, GABRIEL  
 STREET ADDRESS 4115 O'RIELY DR  
 CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D UKPONG, SONNY  
 STREET ADDRESS 2150 PARK ST  
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *LaDele Oyelami* **LADELE OYELAMI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-2000

Date

Daytime Phone #

CR2E037 (9/99)