

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90149 032 \*\*\*\*66.25

**DOCUMENT # N96000000137**

1. Entity Name

**NIGERIAN AMERICAN, INC.**

Principal Place of Business

**6325 ARLINGTON RD  
 JACKSONVILLE FL 32211  
 US**

Mailing Address

**P O BOX 43042  
 JACKSONVILLE FL 32203**

2. Principal Place of Business

3. Mailing Address

**2044 UNIVERSITY BLVD. N**

Suite, Apt. #, etc.  
**JACKSONVILLE, FL 32211**

City & State  
**JACKSONVILLE, FLORIDA**

Zip  
**32211**

Country  
**DUVAL**

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3523385**

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

**OYELAMI, LADELE FATAH  
 6056 COLUMBINE DR  
 JACKSONVILLE FL 32211**

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: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OYELAMI, LADELE FATAH</b> <b>6056 COLUMBINE DR</b> <b>JACKSONVILLE FL 32211</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IYAWARUN, ABAYOMI D</b> <b>4915 BAYMEADOWS RD #11D</b> <b>JACKSONVILLE FL 32217</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ONOUHO, GABRIEL</b> <b>4115 O'RIELY DR</b> <b>JACKSONVILLE FL 32277</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>UKPONG, SONNY</b> <b>2150 PARK ST</b> <b>JACKSONVILLE FL 32211</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE CM NAME STREET ADDRESS CITY-ST-ZIP	<b>CM</b> <b>OYELAMI, LADELE FATAH</b> <b>6056 COLUMBINE DRIVE</b> <b>JACKSONVILLE, FL 32211</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V/D NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>ROMAINE, FRANK</b> <b>8009 FRESCA STREET</b> <b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>AKAMO, AYODELE</b> <b>350 CROSSING BLVD. APT. 413B</b> <b>ORANGE PARK, GA 32073</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>UKPONG, SONNY</b> <b>2150 PARK STREET</b> <b>JACKSONVILLE, FL 32211</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>OBAPOLOR, CAROLINE</b> <b>4320 SUNBEAM ROAD, APT. 709</b> <b>JACKSONVILLE, FL 32257</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>INYANG, RAYMOND</b> <b>590 CHANCELLOR DRIVE WEST</b> <b>JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 F. OYELAMI** 9-5-01 (904)744-9048

CR2E037 (5/01)