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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 26, 2001 8:00 am Secretary of State DOCUMENT # N96000002546 07-26-2001 90009 025 \*\*\*\*61 25 EGBA ASSOCIATION OF FLORIDA. INC... Principal Place of Business Mailing Address A0079526 14899 NE 18 AVE 14899 NE 18 AVE #2P MIAMI FL 33023 MIAMI FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0672190 Not Applicable Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KESHINRO, ALFRED 14899 NE 18 AVE #2P Zip Code (FL 33023 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE TITLE Change | ☐ Addition ☐ Delete JIDE. BAMISHIG NAME NAME STREET ADDRESS 4466 NW 200 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL VPD ☐ Delete Change ☐ Addition AKIN-GEORGE, LAJA NAME NAME 8641 SW 26 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIRAMAR FL ☐ Change TITLE ☐ Delete TITLE Addition KESHINRO, ALFRED NAME NAME 14899 NE 18 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BANKOL, TUNJI NAME NAME 3724 CAMELIA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change OLALEKAN, SHOKUNBI NAME NAME 20931 N.E. 13 PL-STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP N MIAMI BEACH FL Saremerun Change AS TITLE Delete TITLE ABIOLA, ANTONIA NAME NAME STREET ADDRESS 470 N.E. 180 DR. STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP MIAMI F- 33169

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

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

**SIGNATURE**