

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90009 025 \*\*\*\*61.25

0044217

**DOCUMENT # N96000002546**

1. Entity Name

**EGBA ASSOCIATION OF FLORIDA, INC.,**

*(IA)*

Principal Place of Business  
**14899 NE 18 AVE**  
**#2P**  
**MIAMI FL 33023**

Mailing Address  
**14899 NE 18 AVE**  
**#2P**  
**MIAMI FL 33023**

**A0079526**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number **65-0672190**  
 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**

**KESHINRO, ALFRED**  
**14899 NE 18 AVE**  
**#2P**  
**MIAMI FL 33023**

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**

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	PD	<input type="checkbox"/> Delete
NAME	JIDE, BAMISHIG	
STREET ADDRESS	4466 NW 200 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AKIN-GEORGE, LAJA	
STREET ADDRESS	8641 SW 26 ST	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KESHINRO, ALFRED	
STREET ADDRESS	14899 NE 18 AVE	
CITY-ST-ZIP	MIAMI FL 33023	
TITLE	FS	<input type="checkbox"/> Delete
NAME	BANKOL, TUNJI	
STREET ADDRESS	3724 CAMELIA DR.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OLALEKAN, SHOKUNBI	
STREET ADDRESS	20931 N.E. 13 PL	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ABIOLA, ANTONIA	
STREET ADDRESS	470 N.E. 180 DR.	
CITY-ST-ZIP	N. MIAMI BEACH FL	

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