

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90033 015 ****70.00

DOCUMENT # N96000002546

1. Entity Name

GBA ASSOCIATION OF FLORIDA, INC.,

Principal Place of Business

Mailing Address

14899 NE 18 AVE
 #2P
 MIAMI FL 33023

14899 NE 18 AVE
 #2P
 MIAMI FL 33023

2. Principal Place of Business

3. Mailing Address

14899 NE 18 AVE

P.O. BOX 610605

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 MIAMI FL

City & State
 MIAMI FL

4. FEI Number

65-0672190

Applied For

Not Applicable

Zip
 33181

Country
 USA

Zip
 33261

Country
 USA

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 Delete
 NAME JIDE, BAMISHIG
 STREET ADDRESS 4466 NW 200 STREET
 CITY-ST-ZIP MIAMI FL

TITLE PRESIDENT Change Addition
 NAME MICHAEL JOSHUA CHIEF
 STREET ADDRESS 610 NW 1830 ST #7
 CITY-ST-ZIP MIAMI FL 33169

TITLE VPD Delete
 NAME AKIN-GEORGE, LAJA
 STREET ADDRESS 8641 SW 26 ST
 CITY-ST-ZIP MIRAMAR FL

TITLE VPD Change Addition
 NAME AKIN-GEORGE, LAJA MR
 STREET ADDRESS 9450 DUNHILL DR
 CITY-ST-ZIP MIRAMAR FL 33025

TITLE DS Delete
 NAME KESHINRO, ALFRED
 STREET ADDRESS 14899 NE 18 AVE
 CITY-ST-ZIP MIAMI FL 33023

TITLE NO CHANGE Change Addition

TITLE FS Delete
 NAME BANKOL, TUNJI
 STREET ADDRESS 3724 CAMELIA DR.
 CITY-ST-ZIP MIRAMAR FL

TITLE FS Change Addition
 NAME PATIENCE JOSHUA MRS
 STREET ADDRESS 3310 NW 178th ST
 CITY-ST-ZIP MIAMI FL 33156

TITLE TD Delete
 NAME OLALEKAN, SHOKUNBI
 STREET ADDRESS 20931 N.E. 13 PL
 CITY-ST-ZIP N. MIAMI BEACH FL

TITLE TD Change Addition
 NAME MODUPE FASASI INIJE MRS
 STREET ADDRESS 18101 NW 68th AV. APT B206
 CITY-ST-ZIP MIAMI FL 33179

TITLE AS Delete
 NAME SEREMERUN, IYABO
 STREET ADDRESS 701 NW 210TH STREET #401
 CITY-ST-ZIP MIAMI FL 33169

TITLE AS Change Addition
 NAME SANDRA OGUNDESI MRS
 STREET ADDRESS 6600 NW 27th AVE.
 CITY-ST-ZIP MIAMI FL 33147

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/15/02 305-688-7400

CR2E037 (9/01)