

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90002 030 ****61.25

DOCUMENT # N96000002861
1. Entity Name
ETHIOPIAN COMMUNITY OF SOUTH FLORIDA,
INC

Principal Place of Business **Mailing Address**
19440 ROYAL BIRKDALE DR.
MIAMI FL 33015

A0073521

2. Principal Place of Business **3. Mailing Address**
MIAMI
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**

DO NOT WRITE IN THIS SPACE

Zip **Country** **Zip** **Country**

4. FEI Number 65-0670400 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIRO, GERAWORK G. 19440 ROYAL BIRKDALE DR. MIAMI FL 33015	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIGAY, MOGES 19440 ROYAL BIRKDALE DR. MIAMI FL 33015	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASRES, HIRUT 19440 BIRKDALE DR. MIAMI FL 33015	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEMERE, DANIELS 19440 ROYAL BIRKDALE DR. MIAMI FL 33015	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IBRAHIM YOUSSEUF 1376 SW 105 AVE. PEMBROKE PINES FL 33025	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIGAY, MOGES 19440 ROYAL BIRKDALE DR. MIAMI FL 33015	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASTER AFEWORK 5500 CASTELGATE AVE. DAVIE, FL 33331	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YUKUND AMLAK HAGOS 8645 LONG ACRE DR. MIRAMAR FL 33025	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: IBRAHIM YOUSSEUF 6/19/01 954-442-2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)