

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004929

1. Entity Name
COUNCIL OF NIGERIAN PEOPLE AND ORGANIZATIONS, IN

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90082 006 ****61.25

Principal Place of Business
220 SE 2ND AVE
SUITE 612
FT LAUDERDALE FL 33301

Mailing Address
P.O. BOX 711
FT LAUDERDALE FL 33302-0711
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0814008**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KOLO, JERRY
220 SE 2ND AVE
SUITE 612
FT LAUDERDALE FL 33301

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 _____ (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

TITLE	PTD	NAME	KOLO, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS	220 SE 2ND AVE, SUITE 612			
CITY-ST-ZIP	FT LAUDERDALE FL 33301			
TITLE	VSD	NAME	AALO, VALENTINE	<input type="checkbox"/> Delete
STREET ADDRESS	6621 PONDAPPLE ROAD			
CITY-ST-ZIP	BOCA RATON FL 33433			
TITLE	SD	NAME	UGWEJE, OKECHUKWU	<input type="checkbox"/> Delete
STREET ADDRESS	2955 SW 22 AVE #208			
CITY-ST-ZIP	DELRAY BEACH FL 33445			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

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: _____ DATE: 4-28-00 DAYTIME PHONE: _____

CR2E037 (9/99)