2000

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 A
Secretary of State

DOCUMENT # N97000000929

1. Entity Name ANIOMA ASSOCIATION USA – SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
P. O. Box 173132 MIAMI LAKES, FL. 33015	

05-23-00 90192 013 $61.25
05-08-01 01001 014 $61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 650737686 ☐ 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
TONY CHINYE, CPA 1395 NW 167TH STREET, #101 MIAMI, FL. 33169	Name N/A 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 N/A
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DR. OSADEBE ANAM 19060 NW 57th AVE # 306 MIAMI, FL. 33015	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ASST. FINANCIAL SECRETARY IKE CHINYE 15821 SW 20th St MIRAMAR, FL. 33027	☐ Change ☒ Addition
TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TONY CHINYE 2404 SW 164th AVE MIRAMAR, FL. 33027	☒ Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PROF. N.U. UWADIBIE 500 N. CONGRESS AVE #104 DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOLIUS ALIGBE 7035 NW 186th ST. #D5 MIAMI, FL 33015	☒ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	REV. JOHN ARAFIENA 270 NW 181st STREET MIAMI, FL. 33169	☐ Change ☒ Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ERNEST CHINYE 935 NE 199th St #206 N. Miami, FL 33179	☒ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	AZUKA EBOKA 6760 NW 175 LN. #D MIAMI, FL. 33015	☐ Change ☒ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	FINANCIAL SECRETARY ISAAC CHINYE 13242 SW 54th Ct MIRAMAR, FL. 33027	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PROVOST ANGELA ALIGBE 7035 NW 186th ST. # D5 MIAMI, FL. 33015	☐ Change ☒ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CHRIS IKEAKANAM 7151 MCCLELLAN ST. HOLLYWOOD, FL 33024	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	NGOZI EBOKA P.R.O 6760 NW 175 LN. #D MIAMI, FL. 33015	☐ Change ☒ Addition

CR2E037 (11/00)

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: J. Arafiena REV. JOHN ARAFIENA. (305) 999-9265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADDITION OF DIRECTOR

Title: DIRECTOR :- ASSISTANT GEN. SECRETARY (D)

Name: SIMON OKONOR

Address: 2425 NE 135th St

North Miami, FL. 33181