2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State
04-25-2003 90171 007 ****66.25

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1. Entity Name

ANIOMA ASSOCIATION USA - SOUTH FLORIDA CHAPTER, INC.

55045582

☐ CHECK HERE IF MAKING CHANGES

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

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 65-0737686 ☐ 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
CHINYE, TONY CPA 1395 NW 167 STR., #101 MIAMI FL 33169	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANAM, OSADEBE 19060 NW 57 AVE. # 306 MIAMI LAKES FL 33015	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PROF. UWADIBIE OKOLIE (PD) 4517 NW 6 COURT DELRAY BEACH, FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV UWADIBIE, N U PROF 500 N CONGRESS AVE #104 DELRAY BEACH FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. IKE CHINYE (VD) 1582 SW 20STREET MIRAMAR, FL 33027	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARAFIENA, JOHN, REV 270 NW 181ST STREET MIAMI FL 33169	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. OKONOR SIMON (SD) 2425 NE 135th STREET, #306 NORTH MIAMI, FL 33181	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EBOKA, AZUKA 6760 NW 175 LN #D MIAMI FL 33015	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. CHINYE ERNEST (TD) P.O. Box 552261 CAROL CITY, FL 33055	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DFS CHINYE, ISAAC 13242 SW 54TH CT MIRAMAR FL 33027	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. ONOKO CHARLES (FS) 5606 ENCLAVE LANE LAUDERHILL, FL 33319	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NWAKA, CHARLES 12046 WASHINGTON ST BLDG 73 PEMBROKE PINES FL 33025	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MRS. ADEYEMI MARY (PD) 22217 SW 103RD AVENUE MIAMI, FL 33190	☐ Change ☑ Addition

CR2E037 (10/02)

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 REQUIRED Simon Okonor 4/22/03 (305) 940-6922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #