

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004120

1. Entity Name

THE PEOPLE'S CLUB OF NIGERIA - USA, INC., MIAMI

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90147 023 ****61.25

Principal Place of Business

Mailing Address

11112 S.W. 129 PLACE
MIAMI FL

11112 S.W. 129 PLACE
MIAMI FL 33186-4715

2. Principal Place of Business

3. Mailing Address P.O. Box 1791

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33159

4. FEI Number

NOT APPLICABLE

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

ORJI, EZEKIEL O
11112 S.W. 129 PLACE
MIAMI FL

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 D ☐ Delete
NAME ALISIGWE, GODWIN
STREET ADDRESS P.O. BOX 590203
CITY-ST-ZIP FT. LAUDERDALE FL 33359

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME ORJI, EZEKIEL O
STREET ADDRESS 11112 SW 129TH PL
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME UKPAI, EMMANUEL U.K.
STREET ADDRESS 4700 NW 12TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ANYAMELE, RICHARD
STREET ADDRESS 255 N.W. 157 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANYAGALIGBO, CHRIS
STREET ADDRESS 1340 N.W. 198 STREET
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME OKORO, BARTHOLOMEW
STREET ADDRESS 135 N.W. 163RD STREET
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
NAME
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: ~~ANYAMELE~~ ANYAMELE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 (305) 876-7364

Date Daytime Phone #

CR2E037 (9/99)