

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90052 011 \*\*\*\*61.25

**DOCUMENT # N97000004120**

1. Entity Name

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

Principal Place of Business

**11112 S.W. 129 PLACE  
 MIAMI FL**

Mailing Address

**PO BOX 1791  
 MIAMI FL 33159**

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

**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	<input checked="" type="checkbox"/> Delete
NAME	ALISIGWE, GODWIN	
STREET ADDRESS	P.O. BOX 590203	
CITY-ST-ZIP	FT. LAUDERDALE FL 33359	
TITLE	C	<input type="checkbox"/> Delete
NAME	ORJI, EZEKIEL O	
STREET ADDRESS	11112 SW 129TH PL	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	UKPAI, EMMANUEL U.K.	
STREET ADDRESS	4700 NW 12TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANYAMELE, RICHARD	
STREET ADDRESS	255 N.W. 157 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANYAGALIGBO, CHRIS	
STREET ADDRESS	1340 N.W. 198 STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> Delete
NAME	OKORO, BARTHOLOMEW	
STREET ADDRESS	135 N.W. 163RD STREET	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESIOBU CHIKEZIE	
STREET ADDRESS	2620 BOGOTA AVENUE	
CITY-ST-ZIP	COOPER CITY, FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**REQUIRED**

4/29/01 305826-7249

CR2E037 (10/00)