

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90034 005 ****61.25

DOCUMENT # N97000004120

1. Entity Name

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

Principal Place of Business

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

Mailing Address

**PO BOX 1781
 MIAMI FL 33159**

2. Principal Place of Business

255 N.W. 157 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Beach FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33169

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

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 **CHIKEZIE, ESIOLU**
 STREET ADDRESS **2620 BOGOTA AVENUE**
 CITY-ST-ZIP **COOPER CITY FL 33026**

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 **C** ☒ Change ☐ Addition
 NAME **MICHAEL EGBEBIKE**
 STREET ADDRESS **11950 S.W. 132 AVENUE**
 CITY-ST-ZIP **MIAMI, FLORIDA 33186**

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

TITLE **V.P.** ☒ Change ☐ Addition
 NAME **OLIVER OSADEBE ANAM**
 STREET ADDRESS **19060 N.W. 57 AVENUE # 306**
 CITY-ST-ZIP **MIAMI, FLORIDA 33015**

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 **T** ☒ Change ☐ Addition
 NAME **ACHINIKE OFOLETA**
 STREET ADDRESS **17041 S.W. 109 Place**
 CITY-ST-ZIP **MIAMI, FLORIDA 33157**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANYAMELE

Date

4/15/02 (305) 876-7354

Daytime Phone #

CR2E037 (9/01)