

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90083 036 ****70.00

DOCUMENT # N97000005868

1. Entity Name

NTO ANNANG FOUNDATION MIAMI CHAPTER, INC.

Principal Place of Business

Mailing Address

**1914 SW 180 TERRACE
 MIRAMAR FL 33029**

**1914 SW 180 TERRACE
 MIRAMAR FL 33029-5218**

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

58-2006066

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UMOH, JIMMY U DR
 1914 SW 180 TERRACE
 MIRAMAR FL 33029**

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 type="checkbox"/> Delete
NAME	UMOH, JIMMY U DR	
STREET ADDRESS	1914 SW 180 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	NNAMDIE, OKU DR	
STREET ADDRESS	350 NE 116 STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODONO, AL DR	
STREET ADDRESS	16300 NW 18TH PLACE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	AKPAN, LINUS E MR	
STREET ADDRESS	6960 NW 186TH STREET #328	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	S	<input type="checkbox"/> Delete
NAME	EYO, BUFFER E	
STREET ADDRESS	15121 S W 154 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
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
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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 *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000 **(305) 573-1832**
 Date Daytime Phone #

CR2E037 (9/99)