

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 03, 2001 8:00 am
Secretary of State

04-11-2001 90086 044 ****66.25

DOCUMENT # N98000001326
 1. Entity Name
 FEDERATION OF IKUN-EKITI DESCENDANTS
 UNION OVERSEAS, INC.

Principal Place of Business Mailing Address
 832 CAMARGO WAY #209
 ALTAMONTE SPRINGS, FL 32714

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 65-0823776 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
 MICHAEL DADA
 832 CAMARGO WAY #209
 ALTAMONTE SPRINGS FL 32714

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  3/12/01
 Signature, typed or printed name of registered agent and vice if applicable. (NOTE: Registered Agent's 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 Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN MR. DANIEL OGUNRINDE <input checked="" type="checkbox"/> Delete 3 RUE AMELEE LYNN 1210 BRUXELLES BELGIUM
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-CHAIRMAN MR. MICHAEL AWOCYEMI <input checked="" type="checkbox"/> Delete 20 TRENNAR GARDENS COLLEGE PARK LONDON NW10 6BE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MR. MICHAEL AWOCYEMI 20 TRENNAR GARDENS COLLEGE PARK LONDON NW10 6BE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MR. OLADELE YUSUF 2260 SW 83RD AV MIRAMAR FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DR. SUNJAT BOMIDE 1294 HERCIMER STREET #1 BROOKLYN NY 11233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  3/12/01 407-889-1219
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)