

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90022 043 ****61.25

0010361

DOCUMENT # N98000001326

1. Entity Name

**FEDERATION OF IKUN-EKITI DESCENDANTS UNION OVERS
EAS, INC.**

Principal Place of Business

Mailing Address

**832 CAMARGO WAY
#209
ALTAMONTE SPRINGS FL 32714****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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DADA, MICHAEL
832 CAMARGO WAY #209
ALTAMONTE SPRINGS FL 32714**

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 \$61.259. 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	AWOYEMI, MICHAEL MR	
STREET ADDRESS	20 TRENMAR GARDENS	
CITY-ST-ZIP	COLLEGE PARK, LONDON NW10- 6BE	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	YUSUF, OLADELE MR	
STREET ADDRESS	2260 SW 83RD AVE	
CITY-ST-ZIP	MIRAMAR FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	BOMIDE, SUNIDAY DR	
STREET ADDRESS	1294 HERKIMER STREET H1	
CITY-ST-ZIP	BROOKLYN NY 11233	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	BOMIDE, GABRIEL S.DR	
STREET ADDRESS	9966 DAFFODIL LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	DADA, MICHAEL A	
STREET ADDRESS	9966 DAFFODIL LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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

Date

Daytime Phone #

CR2E037 (9/01)