

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90079 040 ****61.25

DOCUMENT # N98000001326

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



Principal Place of Business
**2501 WALNUT HEIGHTS ROAD
APOPKA FL 32703**

Mailing Address
**2501 WALNUT HEIGHTS ROAD
APOPKA FL 32703**

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 WAYT #209
ALTAMONTE SPRINGS FL 32714**

Name **DADA MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)

2501 WALNUT HEIGHTS ROAD

City **APOPKA**

FL

Zip Code
32703

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **AWOYEMI, MICHAEL MR**
STREET ADDRESS **20 TRENNAR GARDENS**
CITY-ST-ZIP **COLLEGE PARK, LONDON NW10- 6BE**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **YUSUF, OLADELE MR**
STREET ADDRESS **2260 SW 83RD AVE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BOMIDE, SUNIDAY DR**
STREET ADDRESS **1294 HERKIMER STREET H1**
CITY-ST-ZIP **BROOKLYN NY 11233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BOMIDE, GABRIEL S DR**
STREET ADDRESS **9966 DAFFODIL LANE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **DADA, MICHAEL A**
STREET ADDRESS **9966 DAFFODIL LANE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1/3/02 402-8809330

CR2E037 (10/02)