

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002017

1. Entity Name

INSTITUTE FOR YORUBA DIASPORA STUDIES, INC.

Principal Place of Business

166 NW 48 STREET
MIAMI FL 33127

Mailing Address

166 NW 48 STREET
MIAMI FL 33127-2418

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

65-0825525

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

CHIEF (BABALAWO) ADEDOJA ALUKO
A.K.A. BENJAMIN B. WHITE, JR.
166 NW 48 STREET
MIAMI FL 33127

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 PD ☐ Delete
NAME CHEIF (BABALAWO) ADEDOJA ALUKO
STREET ADDRESS 166 NW 48 ST, (BENJAMIN B. WHITE JR.)
CITY-ST-ZIP MIAMI FL 33127

TITLE BOD ☐ Change ☒ Addition
NAME ERIC MASON
STREET ADDRESS 6858 SEAGULL LN. APT. "I"
CITY-ST-ZIP NEW ORLEANS, LA 70126

TITLE VSD ☒ Delete
NAME IYALORISHA ADEYELA ALBURY
STREET ADDRESS ~~166 NW 48 STREET~~
CITY-ST-ZIP ~~MIAMI FL 33127~~

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

TITLE TD ☐ Delete
NAME RAYMOND, JAMES
STREET ADDRESS 1309 SW 22 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL 33312

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

TITLE ☐ Delete
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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)(l), 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 (9/99)



DO NOT WRITE IN THIS SPACE