

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90017 045 *****70.00

DOCUMENT # <u>N99000003810</u> <u>LD</u>	
1. Entity Name ERITREAN COMMUNITY IN GREATER ORLANDO INCORPORATED LT# 200A00061567	
Principal Place of Business P O BOX 3381 ORLANDO FL 32802	Mailing Address P O BOX 3381 ORLANDO FL 32801
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O BOX 3381 Suite, Apt. #, etc.
City & State	City & State ORLANDO FLORIDA
Zip 32802	Country ORANGE
4. FEI Number 59-3607525	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICAEL H NAIZGHI 4872 CYPRESS WOODS DR APT 321 ORLANDO FL 32811	
7. Name and Address of New Registered Agent Name NIGISTI GEBREAMLAK Street Address (P.O. Box Number is Not Acceptable) 967 SATIN LEAF CIR City OCOEEE FL Zip Code 34761	
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 <u>NIGISTI-GHEBREAMLAK</u> <u>Nigisti Gebreamlak</u> <u>08-16-2001</u> 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair of the Board ☒ Delete Micael H Naizghi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☒ Delete Eyob Sequar
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☒ Delete Kidane Futwi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair of Property ☒ Delete Henok Degel
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Youth and Education ☒ Delete Tibles Tesfazghi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice for Sports Activities ☒ Delete Daniel Mengisteab
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair of the Board ☐ Change ☒ Addition Nigisti Gebreamlak (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☐ Change ☒ Addition Yordanos Tesfaldet (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☐ Change ☒ Addition Eyobel Tsegay (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair for Cultural Activities ☐ Change ☒ Addition Nigisti Haile
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Youth and Education ☐ Change ☒ Addition Mussie Estifanos
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice for Sports Activities ☐ Change ☒ Addition Asgede Michael
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: <u>NIGISTI-GHEBREAMLAK</u> <u>Nigisti Gebreamlak</u> <u>08-16-2001</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

CR2E037 (11/00)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N99000003810
LT# 200A00061567

1. Entity Name

ERITREAN COMMUNITY IN GREATER ORLANDO
INCORPORATED

Principal Place of Business

Mailing Address

P O BOX 3381
ORLANDO FL 32802

P O BOX 3381
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

P O BOX 3381

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FLORIDA

Zip

Country

Zip

Country

32802

ORANGE

4. FEI Number

59-3607525

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

MICHAEL H NAIZGHI
4872 CYPRESS WOODS DR
APT 321
ORLANDO FL 32811

Name

NIGISTI GEBREAMELAK

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

957 SATIN LEAF CIR

City

OCOE

FL

Zip Code

34761

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Chair for Cultural Activities ☒ Delete
Mussie Estifanos

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Chair of Property ☐ Change ☒ Addition
Hammer Diglel

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
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☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

Doc # N99000003810

C0075806

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)