

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90144 027 ****70.00

DOCUMENT # N99000003810

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 32802

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

59-3607525

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

7. Name and Address of New Registered Agent

GEBREAMLAK, NIGISTI
957 SATIN LEAF CIR
OCOOE FL 34761

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

SIGNATURE **NIGISTI-GEBREAMLAK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Nigisti **08-20-02**

DATE

After September 13, 2002,
min. will be \$236.25.

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	D	<input type="checkbox"/> Delete
NAME	GEBREAMLAK, NIGISTI	
STREET ADDRESS	4872 CYPRESS WOODS DR APT. 321	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TESFALDET, YORDANOS	
STREET ADDRESS	8616 CHICORY CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TSEGAY, EYOBEL	
STREET ADDRESS	8051 WELLSMERE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VCCA	<input type="checkbox"/> Delete
NAME	HAILE, NIGISTI	
STREET ADDRESS	P.O. BOX 3381	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	VCYE	<input type="checkbox"/> Delete
NAME	ESTIFANOS, MUSSIE	
STREET ADDRESS	P.O. BOX 3381	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	VSA	<input type="checkbox"/> Delete
NAME	MICHAEL, ASGEDE	
STREET ADDRESS	7120 IRON WOOD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** *Nigisti* **08-20-02**

CR2E037 (4/02)