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FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90053 024 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105229

1. Entity Name
MOVIC ENTERPRISES INC.

Principal Place of Business
4851 N.W. 183 STREET
MIAMI FL 33055

Mailing Address
4851 N.W. 183 STREET
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-1060415 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OBOH, JOSEPHINE
4851 N.W. 183 STREET
MIAMI FL 33055

7. Name and Address of New Registered Agent
Name Monica Osagie
Street Address (P.O. Box Number is Not Acceptable)
16742 SW 36 Ct
City Miramar FL Zip Code 33027

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 Monica Osagie Osagie President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☒ Delete	TITLE	PRESIDENT/CEO ☒ Change ☐ Addition
NAME	IMADOJMU, JOSEPH	NAME	MONICA OSAGIE
STREET ADDRESS	16742 S.W. 36 COURT	STREET ADDRESS	16742 SW 36 Ct
CITY-ST-ZIP	MIRAMAR FL 33027	CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	SD ☐ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	OBOH, JOSEPHINE	NAME	INNOCENT ALEBOGUN
STREET ADDRESS	4851 N.W. 183 STREET	STREET ADDRESS	240 N.W. 125 St
CITY-ST-ZIP	MIAMI FL 33055	CITY-ST-ZIP	Miami, FL 33151
TITLE	☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	Albert	NAME	ALBERT EURAYEKAHA
STREET ADDRESS		STREET ADDRESS	4851 NW 183rd St
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33055
TITLE	☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		NAME	TOM ODIKPA
STREET ADDRESS		STREET ADDRESS	1367 Bamboo Wood Dr
CITY-ST-ZIP		CITY-ST-ZIP	LAKELAND, FL Lakeland, FL 33807
TITLE	☐ Delete	TITLE	DIRECTOR ☐ Change ☐ Addition
NAME		NAME	JOSEPH IMADOJMU
STREET ADDRESS		STREET ADDRESS	4851 NW 183rd St
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FLORIDA 33055
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with the address and all data like empowered.

SIGNATURE: Monica Osagie MONICA Osagie 01/06/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)