

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90022 009 ***150.00

DOCUMENT # P01000060057

1. Entity Name
ONYE OKUBEST, INC.



Principal Place of Business
**2531 NE 9TH AVE.
POMPANO BCH FL 33064**

Mailing Address
**PO BOX 5404
LIGHTHOUSE POINT FL 33074**

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 **65-1117136**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**OKUAKAJI, OGBENNA O
2531 NE 9TH AVE.
POMPANO BCH FL 33064**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OKUAKAJI, OGBENNA O**
STREET ADDRESS **2531 NE 9TH AVE.**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **D** ☐ Delete
NAME **ONYEWUMBU, SELINA**
STREET ADDRESS **2531 NE 9TH AVE.**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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

08-31-03

Date

954 942 2335

Daytime Phone #

CR2E034 (4/03)

Attachment 80148892

September 15, 2003


Division of Corporations ,
Uniform Business Report Filings,
P. O. Box 1500.
Tallahassee, FL. 32302-1500.

Gentlemen,

RE: Onye Okubest, Inc.
Document No. P0 1000060057

Please find enclosed a copy of my business report, which I received late, along with my
cheque in the amount of \$150.00

Very truly yours,


Ogbenna Okuakaji
2531 NE 9th, Avenue,
Pompano Beach FL. 33064.