

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **02000024270**

1. Entity Name

DFB SOLUTION ACADEMY, INC.



FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATION
03 DEC 31 AM 11:29

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4715 NW 157 ST

3. Mailing Address

4715 NW 157 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

210

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33014

USA

33014

REINSTATEMENT

03

4. FEI Number

01-0657864

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

OLUBAJO OSUNSAN YA

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

4715 NW 157 ST, #210

City

MIAMI

FL

Zip Code

33014

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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

10/21/2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DIRECTOR/CEO
NAME	OLUBAJO OSUNSAN YA
STREET ADDRESS	7121 FAIRWAY BLVD
CITY-ST-ZIP	MIAMI, FL 33023
TITLE	SECRETARY
NAME	OLUBAJO OSUNSAN YA
STREET ADDRESS	7121 FAIRWAY, MIAMI FL
CITY-ST-ZIP	33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	400024476434
CITY-ST-ZIP	11/06/03-01024-006 **158.75
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/2003

CR2E0345 (12/02)



DfB Solution Academy

"Your Hands, Your Mind..
Your gateway to Success!!!"

October 21, 2003.

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

Dear Manager:

Re: Uniform Business Report, 2003

Enclosed please find a copy of our Business Report for the 2003. We have filled this late because we did not receive any copy in the mail. Enclosed is the amount of \$158.75.

Thank you for your cooperation.

YOURS SINCERELY,

OLUBAJO OSUNSANYA