

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90704 046 ***150.00

DOCUMENT # P02000034302

1. Entity Name
IKENGA, INC.



Principal Place of Business

14621 S.W. 82 COURT
MIAMI FL 33158

Mailing Address

14621 S.W. 82 COURT
MIAMI FL 33158

2. Principal Place of Business

1314 EAST LAS OLAS BLVD

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

101 Rear

Suite, Apt. #, etc.

City & State

FORT Lauderdale

City & State

Zip

Country

33301

FLORIDA

Zip

Country

4. FEI Number

37-1425563

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

ELLISON, CHRISTA

14621 S.W. 82 COURT
MIAMI FL 33158

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 CHRISTA ELLISON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

CHRISTA ELLISON

14621 S.W. 82 court

MIAMI FLORIDA 33158

President

ANTHONY P. ELLISON

14621 South West 82end court

MIAMI FLORIDA 33158

vice president

CR2E034 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 14/03 305-252-5445