2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000134842

Entity Name: NIGERIAN-AMERICAN INVESTMENT CORPORATION

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20401 NW 2ND AVE., STE. 205 20401 NW 2ND AVENUE MIAMI, FL 33169

SUITE 205 MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

20401 NW 2ND AVE., STE. 205 20401 NW 2ND AVENUE

MIAMI, FL 33169 SUITE 205 MIAMI, FL 33169

FEI Number: 03-0500343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSOLASE, ANDREW OSOLASE, ANDREW 20401 NW 2ND AVE., STE. 205 20401 NW 2ND AVENUE

MIAMI, FL 33169 SUITE 205 MIAMI, FL 33169

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: ANDREW OSOLASE 04/30/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

Name:

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition OSOLASE, ANDREW OSOLASE, ANDREW Name: Name:

10101 NW MIAMI CT. 10101 NW MIAMI CT. Address: Address: MIAMI SHORES, FL 33150 City-St-Zip: MIAMI SHORES, FL 33150 City-St-Zip:

() Delete Title: Title: (X) Change () Addition UKPAI, CHIEF E.U.K. Name: Name: AFOLABI, TUNDE

4700 NW 12TH CT. 15181 NW 1ST STREET Address: Address: PEMBROKE PINES, FL 33028 PLANTATION, FL 33029 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete AFOLABI, TUNDE AYODELE, GBOLA Name: Name:

15181 NW 1ST ST. 1082 NE 176TH TERRACE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: (X) Delete Title: () Change () Addition

AYODELE, GBOLA Name: Address: 1082 NE 176TH TERR. Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW OSOLASE PD 04/30/2003