

DOCUMENT # P94000088194

1. Entity Name

TUBOSUN GIWA AND PARTNERS INC.

Principal Place of Business

13850 NW 26TH AVE
SUITE 208
MIAMI FL 33054

Mailing Address

13850 NW 26TH AVE
SUITE 208
MIAMI FL 33054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90046 002 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0538854

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONALD, SHARON
13850 NW 26TH AVENUE
MIAMI FL 33054

7. Name and Address of New Registered Agent

Name Sharon M. Sapp

Street Address (P.O. Box Number is Not Acceptable)
13850 N.W. 26th Avenue

Suite 208

City Miami,

FL

Zip Code
33054

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 Sharon M. Sapp Sharon M. Sapp

1-2-2001

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, 2001 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

TITLE D ☐ Delete
NAME GIWA, TUBOSUN
STREET ADDRESS 17115 NE 21ST AVE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE D ☐ Delete
NAME GIWA, ADELANI
STREET ADDRESS 2100 NE 171ST ST
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

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

12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE: Tubosun Giwa Tubosun Giwa

1-2-2001

305 681 0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)