

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90718 010 ***158.75

DOCUMENT # **P94000088194** ✓

1. Entity Name

TUBOSUN GIWA AND PARTNERS, INC.



DO NOT WRITE IN THIS SPACE

11039701

2. Principal Place of Business
13850 NW 26 AVE

3. Mailing Address
13850 NW 26 AVE

Suite, Apt. #, etc.
208

Suite, Apt. #, etc.
208

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number **65-0538854**

Applied For
Not Applicable

Zip
33054

Country
DADE

Zip
33054

Country
DADE

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HALL LINDA**

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

13850 NW 26 AVE, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda Hall

HALL LINDA

4-29-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
GIWA TUBOSUN
7075 NW 179TH STREET
MIAMI, FLORIDA 33015

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Tubosun Giwa

GIWA TUBOSUN

4-29-03

305-681-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)