

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90107 031 ***150.00

DOCUMENT # P97000009529

1. Entity Name
JOSHLAF GROUP, INC.

Principal Place of Business
710 N.E. 166TH STREET
MIAMI FL 33162

Mailing Address
PO BOX 640276
MIAMI FL 33164
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0733889

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ODI, SAMUEL
710 N.E. 166TH STREET
MIAMI FL 33162

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.

SIGNATURE _____

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	HAKHEEM, OSHIKOYA
STREET ADDRESS	9838 SW 117 CT
CITY-ST-ZIP	MIAMI FL 33186
TITLE	D <input type="checkbox"/> Delete
NAME	AKONI, JOSEPH
STREET ADDRESS	17211 NW MIAMI COURT
CITY-ST-ZIP	N MIAMI BEACH FL 33169
TITLE	D <input type="checkbox"/> Delete
NAME	ONAYEMI, MICHAEL
STREET ADDRESS	15430 SW 106 AVE
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input type="checkbox"/> Delete
NAME	QUADRI, ABIODUN
STREET ADDRESS	16851 NE 23 AVE., #B104
CITY-ST-ZIP	MIAMI FL 33162
TITLE	D <input type="checkbox"/> Delete
NAME	ODI, SAMUEL
STREET ADDRESS	710 NE 166TH ST
CITY-ST-ZIP	N MIAMI BEACH FL 33162
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAKHEEM OSHIKOYA

Date

Daytime Phone #

4/21/02 3056683861

CR2E034 (9/01)