

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90008 019 ***150.00

DOCUMENT # P97000070389

1. Entity Name

Patience Igbino

Principal Place of Business

Mailing Address

8420 Miramar Parkway
Miramar FL 33025

8420 Miramar Parkway
Miramar FL 33025

2. Principal Place of Business

3. Mailing Address

8420 Miramar Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miramar FL

Zip

Country

Zip

Country

33025

U.S.A

4. FEI Number

65-0789267
P97000070389

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0072682

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IGBINOBA PATIENCE
8420 Miramar Parkway
Miramar FL 33025

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
 NAME IGBINOBA Patience
 STREET ADDRESS 8420 Miramar Parkway
 CITY-ST-ZIP Miramar FL 33025

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP SD ☐ Delete
 NAME IGBINOBA SUNDAY
 STREET ADDRESS 8420 Miramar Parkway
 CITY-ST-ZIP Miramar FL 33025

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/01 954 435 9006

CR2E034 (11/00)