

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90398 049 ***150.00

DOCUMENT # P99000020421

1. Entity Name
NELSON AKINRINADE, P.A.

Principal Place of Business
7908 S.W. 8TH STREET
FT. LAUDERDALE FL 33068

Mailing Address
7908 S.W. 8TH STREET
FT. LAUDERDALE FL 33068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5750 MARGATE BLVD

Suite, Apt. #, etc.

107

City & State

Margate, FL

Zip

33063

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0898699**

Applied For

Not Applicable

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

AKINRINADE, NELSON ESQ.
7908 S.W. 8TH STREET
FT. LAUDERDALE FL 33068

Name

AKINRINADE, NELSON

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

5750 Margate Blvd. Suite 107

City

Margate

FL

Zip Code

33063

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 **D** ☐ Delete
 NAME **AKINRINADE, NELSON ESQ**
 STREET ADDRESS **7908 SW 8TH STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33068**

TITLE **D** ☒ Change ☐ Addition
 NAME **AKINRINADE, NELSON, ESQ**
 STREET ADDRESS **5750 Margate Blvd. Suite 107**
 CITY-ST-ZIP **Margate, FL 33063**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

NELSON AKINRINADE

5-1-01

954 935-9559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)