

CORPORATE AFFAIRS COMMISSION



FORM CAC 2A

RETURN OF ALLOTMENT (POST INCORPORATION) Pursuant to Section 129

Company Number

479114

Company Name

AB UNITED SERVICES LIMITED

SECTION A

Number of shares allotted payable in cash:

Nominal amount of shares so allotted:

Amount paid or due payable on each share:

Number of shares allotted for consideration other than cash:

Amount to be treated as paid on each such share:

Consideration for which such shares have been allotted

SECTION B

Particulars of Allotments

1.

Name		No of shares Allotted	Type of shares
Address			
City			

2.

Name		No of shares Allotted	Type of shares
Address			
City			

CORPORATE AFFAIRS COMMISSION
Rivers State Office
CERTIFIED TRUE COPY
26 NOV 2020

IMOKE ELE ECHI
Principal Manager
SIGN:

CORPORATE AFFAIRS COMMISSION
PORT HARCOURT OFFICE
28 OCT 2020
Assigned By

Corporate Affairs Commission
INTERNAL AUDIT UNIT
AUDITOR'S No 1408/1584
Sign/Date: 30/10/20

CORPORATE AFFAIRS COMMISSION
PORT HARCOURT OFFICE
30 OCT 2020
TRANSFER
FINANCE & ACCT DEPT.

RRR 30430653475 / 4000 / 30-10-2020

3.

Name			No of shares Allotted	Type of shares
Address				
City	State			

4.

Name			No of shares Allotted	Type of shares
Address				
City	State			

5.

Name			No of shares Allotted	Type of shares
Address				
City	State			

6.

Name			No of shares Allotted	Type of shares
Address				
City	State			

Signature of Director

Name of Director & Tel. No.

Note:

If there is insufficient space in the form to provide the information required, please attach a separate sheet containing the information required in the prescribed format.

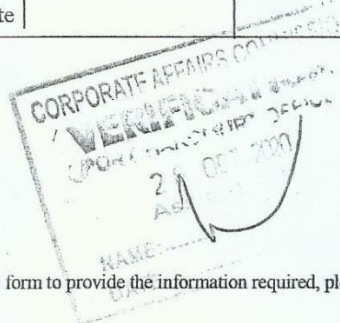
Signature of Director

Name of Director & Tel. No.

SECTION C – Shareholder of the Company after this allotment.

1.

Name	ABIFADE REAPSON SUNDAY EHIKHOJA		No of shares	Type of shares
Address	PLOT 5 RENNIN CLOSE OFF OKOCITA		2,500,000	ORDINARY
STREET, NAKPO, RUMUOLUMENI				
City	State	RIVERS		



2.

Name	DMOKARO OSARETIN		No of shares	Type of shares
Address	NO. 20 RUMUOKAANI STREET, OZHOBA		500,000	ORDINARY
City	PORT HARCOURT	State	RIVERS	

3.

Name			No of shares	Type of shares
Address				
City		State		

4.

Name			No of shares	Type of shares
Address				
City		State		

5.

Name			No of shares	Type of shares
Address				
City		State		

6.

Name			No of shares	Type of shares
Address				
City		State		

Signature of Director

Signature of Director

ABIFADE SUNDAYEHOKOYA

Name of Director & Tel. No. (08037059137)

BEAUTY UHUNOMA EHIKIOFA

Name of Director & Tel. No. (08108630717)

Note:

If there is insufficient space on the form to provide the information required, please attach a separate form containing the information required in the prescribed format.

Presented for filing by:

Name: Ejiha Chinumezi

Accreditation Number:

Address: Plot 5 Reanna Close off Okocha Street, NKPOR, Rumuolum-eri, P.H

Tel. No. & E-mail: 07067593709 abumtedservices@gmail.com Signature & Date: 14/08/2020

CORPORATE AFFAIRS COMMISSION

(Established under the Companies and Allied Matters Act 1990)



FORM CAC 7A

NOTICE OF CHANGE OF DIRECTORS, OR IN THE NAME, RESIDENTIAL ADDRESS OR POSTAL ADDRESS OF DIRECTOR
(Pursuant to Section 248 and 249 of CAMA)
Form Must be typed and not Handwritten

Company Number

479114

Company Name

AB UNITED SERVICES LIMITED

PARTICULARS OF DIRECTORS

(Note: Consent to act as Director is implied by signing the appropriate column provided)

SECTION A – For Directors ceasing to hold office

S/No.	Name	Residential & Postal Address	Date Ceasing to hold office
1	DEAUTY UHUROMA ERECLOYA	PLOT 5 REAMIA CLOSE OFF OKOCHA STREET, NKPOR RUMUOLUMENI, PORT-HARCOURT.	TH 31 AUGUST, 2020

SECTION B – For Directors Newly appointed

S/No.	Name	Residential, Address & Telephone Number	Date of Appointment	Consent/Signature
1	OMOKARO OSARETIN	NO 28, RUMUOKAANI STREET, OZUOBA, PORT-HARCOURT 08064334837	1 ST SEPT, 2020	<i>Aben</i>

SECTION C – For Change in name, residential address or postal address of Director

Name:	New Name	
	Former Name	
Residential Address:	New Address	
	Former Address	
Postal Address:	New Address	
	Former Address	
Date of Change		

CERTIFIED TRUE COPY
26 NOV 2020
IMMOKE ELE ECHI
Principal Manager

CORPORATE AFFAIRS COMMISSION
PORT HARCOURT OFFICE
30 OCT 2020
TRANSFER
FINANCE & ACCT DEPT

Rn 100430578247 | 4000 | 30-10-2020

SECTION D – Directors of the Company from the date of this notice

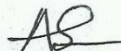
S/No.	Name	Residential & Postal Address
1	ABIFADE REAPSON SUNDAY-ELIOKIOYA	PLOT 5 REAMIA CLOSE OFF OKOCHA STREET, NKPOR, RUMUOLUMENI, PORT-HARCOURT
2	OMOKARO OSARETIN	NO 28, RUMUOKAANI STREET, OZUOBA, PORT-HARCOURT.



Signature of Director

Abifade R. Sunday-Eliokioya (08037059137)

Name of Director & Tel No.



Signature of Director/Secretary/Authorized Officer

Beauty Uhuoma Eliokioya (08108630717)

Name of Director/Secretary/Authorized Officer & Tel No.

Presented for filling by:

Name:	EJUH CHINUMEZI		
Address:	PLOT 5 REAMIA CLOSE OFF OKOCHA STREET, NKPOR RUMUOLUMENI, PORTHARCOURT		
Phone No.:	07067593709	Email:	abunitedservices@gmail.com
Accreditation No. (Where Applicable):		Date:	14 TH AUGUST, 2020

Note:

1. Where a company is a director, resolution stating the named representative of the company Must be provided and copy of the certificate of incorporation of the home country Must also be attached.
2. If there is insufficient space on the form to provide the information required, please attach a separate sheet containing the information set out in the prescribed form.
2. Where a director is resigning, copy of his resignation letter should be attached.
3. Where there is foreign Director Resident in Nigeria, Resident Permit Must be provided.

