

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90038 017 ****61.25

DOCUMENT # N99000005955

1. Entity Name

RAELIAN MOVEMENT CORPORATION



Principal Place of Business
**21241 N.E. 3RD COURT
NORTH MIAMI BEACH FL 33179**

Mailing Address
**P.O. BOX 630368
NORTH MIAMI BEACH FL 33163**

40004302



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0396678**

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

**CLARK, ALEXANDER
1401 EAST BROWARD BOULEVARD
SUITE 303
FT. LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ROEHR, RICKY LEE**
STREET ADDRESS **4601 GRAND CANYON DRIVE**
CITY-ST-ZIP **LAS VEGAS NV 89103**

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

TITLE **DV** ☐ Delete
NAME **PARENT, MARIE-HELENE**
STREET ADDRESS **365 W 52ND STREET 73G**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **DV** ☐ Change ☐ Addition
NAME **PARENT, MARIE-HELENE**
STREET ADDRESS **210 NE 212th STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL. 33179**

TITLE **S** ☐ Delete
NAME **NEWMAN, DONNA**
STREET ADDRESS **510 NE 199TH TERRACE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE **TD** ☐ Delete
NAME **PARENT-FARRELL, GENEVIEVE**
STREET ADDRESS **21241 NE 3RD COURT**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Genevieve Parent-Farrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

(866) 895-4202

CR2E037 (10/02)