

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731514

1. Entity Name

SCIENCE OF MIND LIGHT CENTER, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90421 040 ****61.25

Principal Place of Business

101 ANSIN BLVD
(HOTEL LOBBY)
HALLANDALE FL 33009
US

Mailing Address

919 HILLCREST DR
#615
HOLLYWOOD FL 33021-7854
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1570956

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

STEVENS, ALMA RSCF
919 HILLCREST DRIVE, #615
HOLLYWOOD FL 33021

Name

SAME

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 Alma Marie Stevens, Minister Rev. Alma Marie Stevens April 15, 2000

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME T
STREET ADDRESS COURTNEY, ANTOINETTE
CITY-ST-ZIP 20111 NE 27TH CT "K" 213
MIAMI FL 33180

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

TITLE ☐ Delete
NAME T
STREET ADDRESS DIANE COPELAND
CITY-ST-ZIP 157-26 NW 7TH AVENUE, #G
MIAMI FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS OLSON, ELAINE
CITY-ST-ZIP 1893 SO OCEAN DR #611
HALLANDALE FL 33009

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

TITLE ☐ Delete
NAME T
STREET ADDRESS ALMA M STEVENS
CITY-ST-ZIP 919 HILLCREST DRIVE, #615
HOLLYWOOD FL

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

TITLE ☐ Delete
NAME TS
STREET ADDRESS SEATON, EILEEN
CITY-ST-ZIP 16401 N MIAMI AVE
MIAMI FL 33162

TITLE ☒ Change ☐ Addition
NAME TS
STREET ADDRESS DOLD, PEGGY
CITY-ST-ZIP 5601 COLLINS AVE # 1511
MIAMI BEACH, FL 33140

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: Alma Marie Stevens Alma Marie Stevens April 15, 2000 954/943-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)