

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765334

1. Entity Name

UNITY - LIGHT OF THE WORLD, INC.

Principal Place of Business

16800 NW 17TH AVE
MIAMI FL 33269-0135

Mailing Address

P.O. BOX 69-3135
MIAMI FL 33269-0135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

STEELE, CLAUDETTE T
8516 BEEKMAN DR
MIAMI FL 33025

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-2244625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

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

TITLE PD
NAME STEELE, CLAUDETTE
STREET ADDRESS 8516 BEEKMAN DR
CITY-ST-ZIP MIRAMAR FL ☐ Delete

TITLE VD
NAME HENRY, VASLEN
STREET ADDRESS 1111 NW 148TH STREET
CITY-ST-ZIP MAIMI FL 33167 ☐ Delete

TITLE VP
NAME SPENCE, CARL
STREET ADDRESS 17232 NW 24TH AVE
CITY-ST-ZIP OPA LOACKA FL ☒ Delete

TITLE D
NAME DACEY, IDA
STREET ADDRESS 5012 SW 130TH TERR
CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete

TITLE D
NAME GORDON, DORTHY
STREET ADDRESS 16911 NW 24TH AVE
CITY-ST-ZIP OPA LOCKA FL ☐ Delete

TITLE D
NAME BAILEY, CLARENCE
STREET ADDRESS 7220 ALHAMBRA AVE
CITY-ST-ZIP MIRAMAR FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME VASLEY Henry ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME IDA DALEY ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME Shirley Lindsay ☒ Change ☐ Addition
STREET ADDRESS 10699 SW 20 CT
CITY-ST-ZIP MIRAMAR FLORIDA 33025

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR5E037 (3/00)