

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**  
 05-20-2002 90062 024 \*\*\*\*70.00

**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**

2. Principal Place of Business

**16800 NW 17th AVE**

3. Mailing Address

**P.O. BOX 69-3135**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FLORIDA**

4. FEI Number

**59-2244625**

Applied For

Not Applicable

Zip  
**33056**

Country  
**USA**

Zip  
**33269**

Country  
**USA**

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

**STEELE, CLAUDETTE T  
 8516 BEEKMAN DR  
 MIAMI FL 33025**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **M** ☐ Delete  
 NAME **WONG-CHUCK, VEDA C**  
 STREET ADDRESS **20800 NW 14TH STREET**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

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

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

TITLE **D** ☒ Delete  
 NAME **JACKSON, PHYLLIS**  
 STREET ADDRESS **19035 NW 46TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☒ Change ☒ Addition  
 NAME **DOREEN CROOKS**  
 STREET ADDRESS **17230 NW 12th AVE**  
 CITY-ST-ZIP **MIAMI, FL 33169**

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

TITLE ☐ Change ☒ Addition  
 NAME **MILTON HALL**  
 STREET ADDRESS **901 NW 179th STREET**  
 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **D** ☐ Delete  
 NAME **LINDSAY, SHIRLEY**  
 STREET ADDRESS **10699 SW 20 CT**  
 CITY-ST-ZIP **MIRAMAR FL 33025**

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: VEDA C WONG CHUCK** **26th April 2002** **305-628-2322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)