

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 07, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000000200****1. Entity Name**  
SPIRITUAL ENHANCEMENT TRAINING AND RESOURCES, INC.**Principal Place of Business**  
1110 N.W. 75TH STREET  
MIAMI FL 33150**Mailing Address**  
1110 N.W. 75TH STREET  
MIAMI FL 33150**2. Principal Place of Business**  
17993 SW 13TH STREET**3. Mailing Address**  
17993 SW 13TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
PEMBROKE PINES FL**City & State**  
PEMBROKE PINES FL**4. FEI Number**  
65-0978688**Applied For**  
Not Applicable**Zip**  
33029**Country****Zip**  
33029**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**PRYOR KEVIN K  
1110 N.W. 75TH STREETMIAMI FL  
33150**Name**  
PRYOR KEVIN K**Street Address (P.O. Box Number is Not Acceptable)**  
17993 SW 13TH STREET**City**  
PEMBROKE PINES FL **Zip Code**  
33029**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** **06/07/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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**  
**NAME** JOHNSON KIM ☐ Delete  
**STREET ADDRESS** 1110 N.W. 75TH STREET  
**CITY-ST-ZIP** MIAMI FL 33150**TITLE**  
**NAME** JOHNSON KIM ☒ Change ☐ Addition  
**STREET ADDRESS** 17993 SW 13TH STREET  
**CITY-ST-ZIP** PEMBROKE PINES FL 33029**TITLE**  
**NAME** FINLAYSON CAROLYN ☐ Delete  
**STREET ADDRESS** 3290 N.W. 209TH TERR.  
**CITY-ST-ZIP** MIAMI FL 33056**TITLE**  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME** PRYOR KEVIN K ☐ Delete  
**STREET ADDRESS** 1110 N.W. 75TH STREET  
**CITY-ST-ZIP** MIAMI FL 33150**TITLE**  
**NAME** PRYOR KEVIN K ☒ Change ☐ Addition  
**STREET ADDRESS** 17993 SW 13TH STREET  
**CITY-ST-ZIP** PEMBROKE PINES FL 33029**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME** ☐ Change ☐ Addition  
**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)(f), 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:** Kevin K. Pryor PD 06/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)