

**01-07 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1/00000007739

1. Entity Name

Word of Life Center Inc

FILED
03 JUN -2 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19730 S.W. 12 ST
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 821867
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines Fla

City & State

South Florida, Fla

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33029

Country

Broward

Zip
33082

Country

Broward

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bill Rice

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

19730 S.W. 12 ST.

City

Pembroke Pines

FL

Zip Code

33029

**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.

Bill Rice Vice President 954-431-7193 OFFICE

SIGNATURE

Bill Rice Vice President 954-431-3321 FAX 5-20-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

President
SURENDRANATH RAMNATH
19730 S.W. 12 ST
Pembroke Pines, Fla. 33029

Vice President
Bill Rice
19730 S.W. 12 ST
Pembroke Pines, Fla. 33029

Secretary Director
Ken Ramnath
5100 N.W. 167 ST
Miami Fla. 33014

Treasurer Director
NADRA RAMNATH
5100 N.W. 167 ST
Miami, Fla. 33014

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800020531658
06/04/03--01062--021 **192.50

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Rice - Bill Rice Vice President

5-20-03 954-431-7193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037B (12/01)

5-14-03

ATT: Anna Chestnut And -

Attachment DO# N0000000 7739

To Whom It May Concern:

I appreciate you waive the Reinstatement Fee as you
can see by your records the reports were returned
to you as it was always intended for all correspondence
to be sent to the Registered Agent Address

Bill Rice Vice President

Thank you
Bill Rice

Am sending check for three times $61.25 + 8.75$ for
Certificate of Status as you instructed
will keep all in order now.

Thank you
Sincerely