

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91141 040 \*\*\*61.25

DOCUMENT # **N01000006815**

1. Entity Name

**WORLD IN HARMONY FOUNDATION, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**200 LESLIE DRIVE**

3. Mailing Address

**P.O. Box 398813**

Suite, Apt. #, etc.

**SUITE 424**

Suite, Apt. #, etc.

City & State

**HALLANDALE BEACH, FL**

City & State

**MIAMI BEACH, FL**

Zip

**33009**

Country

**U.S.A.**

Zip

**33239**

Country

**U.S.A.**

4. FEI Number

**65-114-3241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **TIEN LIM**

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

**200 LESLIE DRIVE, UNIT 424**

City

**HALLANDALE BEACH**


FL

Zip Code

**33009**

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

 **TIEN LIM**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**APRIL 24, 2002**

**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  
**P/D/C**  
**GLORIA JEANNETTE CASTILLO**  
**200 LESLIE DR 424**  
**HALLANDALE, FL 33009.**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V/D**  
**TIEN LIM**  
**200 LESLIE DRIVE 424**  
**HALLANDALE, FL 33009.**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T/D**  
**DAVID J. DADD**  
**180 S.W. 96 AVENUE**  
**PLANTATION, FL 33324.**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:

 **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 24, 2002** (305) 582-0569

Date

Daytime Phone #

CR2E037B (12/01)