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

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

DOCUMENT # NO100006815 1. Entity Name WORLD IN HARMONY FOUNDATION, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 200 LESLIE DRIVE Suite, Apt. #, etc. Suite, Apt. #,	For Dicable
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2 OO LESCLIE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State HALANDALE BEACH, FL Zip 33009 Country 33239 Country 33239 Country Count	olicable
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2. Principal Place of Business 200 LESLIE DRIVE Suite, Apt. #, etc. Suffe 424 City & State HALLANDALE BEACH, FL Zip 33009 U.S.A. Country U.S.A. DO NOT WRITE IN THIS SPACE Applied FEI Number 65-14-324 Not Api 88.75 Additions Fee Required Fee Required TIEN LIM Street Address of Current Registered Agent Name and Address of Current Registered Agent Name TIEN LIM Street Address (P.O. Box Number is Not Acceptable) 200 LESLIE DRIVE 10 UNIT 4-24	olicable
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Zip 33009 U.S.A. Zip 33239 U.S.A. 5. Certificate of Status Desired ☐ \$8.75 Additions Fee Required 7. Name and Address of Current Registered Agent Name 'TIEN LIM' Street Address (P.O. Box Number is Not Acceptable) 200 LESLIE DRIVE: UNIT 4-24	
7. Name and Address of Current Registered Agent Name 'TIEN LIM' Street Address (P.O. Box Number is Not Acceptable). 200 LESLIE DRIVE 2 UNIT 4-24	
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200 LESLIE DRIVE, UNIT 724	
IN THIS SPACE	
City HALLANDALE BEACH FL Zip Code 3300	x
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.	-
AF 24.000	
SIGNATURE THEN LIM APRIL 24, 2002	_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE	
FEE: IS: \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to	
Initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State	
10. OFFICERS AND DIRECTORS	
TITLE P/D/C	201
NAME GLORIA JEANNETTE CASTILLO STRETADORESS 200 LESLIE DR 424 STRETADORESS	E .
CITY-ST-ZIP HALLANDALE, FL33009. CITY-ST-ZIP	CR2E037B (12/0
TITLE V/D	328
NAME TIEN LIM STREET ADDRESS 200 LESCIE DRIVE 424- STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP HALLANDALE, FL33009. CHY-ST-ZIP	
TILL T/D	
NAME STREET ADDRESS 180-3; W. 96 AVENUE 180-3; W. 96 AVENUE PLANTATION, FL 33324. PLANTATION, FL 33324. PLANTATION, FL 33324.	
CITY-ST-ZIP PLANTATION, FL 33324.	
ITLE IN THIS SPACE	
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STREET ADDRESS STREET ADDRESS CITY ST - ZIP CITY ST - ZIP	
TITLE TRUE	
NAME SHARE	
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CHY-ST-ZIP	
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CITY-ST-ZIP	
12. I hereby certify that the information supplied with this fifing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 die 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 o attachment with an address, with all other like empowered.	ector

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .