

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

FILED
Apr 08, 2005 8:00 am
Secretary of State

DOCUMENT # N04000005871

1. Entity Name

Life, Independence, Freedom, And Equality
Rights International, Inc.



04-08-2005 90083 041 ****70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14707 South Dixie Highway

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 206

City & State

Miami, Florida

City & State

4. FEI Number

55-0871226

Applied For

Not Applicable

Zip

33176

Country

United States

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

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

1840 Southwest 22nd Street

City Miami

FL

Zip Code
33145

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Fleurise Davies 14707 South Dixie Highway, Suite 206 Miami, Florida 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 I am empowered.

SIGNATURE:

Fleurise Davis