

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40503

1. Entity Name

INTERFAITH MEDITATION ROOM, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90098 003 ****61.25

Principal Place of Business

C/O ROGER L. WOHL
1530 HOLLYWOOD BLVD
HOLLYWOOD FL 33020
US

Mailing Address

C/O ROGER L. WOHL
1530 HOLLYWOOD BLVD
HOLLYWOOD FL 33020-5240
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3008335

Applied For

Not Applicable

Zip

Country

Zip

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

WOHL, ROGER
1530 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD
NAME FRAZIN, ROBERT
STREET ADDRESS 5100 SHERIDAN STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE DS
NAME PITTELL, ELAINE
STREET ADDRESS 4920 PIERCE ST.
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE DT
NAME WOHL, ROGER
STREET ADDRESS 1530 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger L. Wohl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/00 954-923-8209
Date Daytime Phone #

CR2E037 (9/99)