

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004523

1. Entity Name

INTERNATIONAL UNION OF THE YORUBA RELIGION RIGHT

Principal Place of Business

836 NE 82ND ST.
MIAMI FL 33138
US

Mailing Address

P.O. BOX 1158
MIAMI FL 33142
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

SAME AS ABOVE

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

SAME AS ABOVE

City & State

SAME AS ABOVE

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME

4. FEI Number

65-0457219

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, RIGOBERTO
2250 S.W. 8TH STREET
MIAMI BEACH FL 33135

7. Name and Address of New Registered Agent

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 ☐ Delete

NAME PD
ZAMORA, RIGOBERTO
STREET ADDRESS 1291 MARSEILLE DR.
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete

NAME STD
RIVIERA, VIVIAN
STREET ADDRESS 2536 VAN BUREN ST. APT 3A
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete

NAME SD
FLORES, PEDRO
STREET ADDRESS 1140 SW 3RD ST.
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90200 042 ****70.00



DO NOT WRITE IN THIS SPACE

1-13-00

305 380 9125