## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 30, 2001 08:00 AM N94000002705 DOCUMENT # 1. Entity Name **Secretary of State** INNER LIGHT CENTER, INC. Principal Place of Business Mailing Address 3842 LEAFY WAY 3842 LEAFY WAY COCONUT GROVE COCONUT GROVE FL IIS 33133 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0627258 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FENDELMAN RICHARD Street Address (P.O. Box Number is Not Acceptable) 3842 LEAFY WAY COCONUT GROVE FL33133 US City 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. 04/30/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete D TITLE ☐ Change ☐ Addition NAME JOFFE WENDY NAME STREET ADDRESS STREET ADDRESS 3613 BAYVIEW CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE 33133 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FENDELMAN RICHARD NAME STREET ADDRESS STREET ADDRESS 3842 LEAFYWAY CITY-ST-ZIP COCONUT GROVE FL. 33133 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME FENDELMAN MARILYN NAME STREET ADDRESS STREET ADDRESS 3842 LEAFYWAY CITY-ST-ZIP COCONUT GROVE CITY-ST-ZIP FL. 33133 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Richard Fendelman

DT

04/30/2001

CR2E037 (11/00)