## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9500004274

## IRMA SCHEILLA KARDECIST SPIRITIST GROUP INC.

## **FILED** Jul 15, 2002 8:00 am Secretary of State 07-15-2002 90193 009 \*\*\*\*61.25

Principal Place of Business				ing Address							
210 174TH ST., APT. M-17 NORTH MIAMI BEACH FL 33160				174TH ST., APT. M-17 TH MIAMI BEACH FL (			80129293				
2. Principal Place of Business				ailing Address	<del></del>						
Suite, Apt. #, etc.				Suite, Apt. #, etc			DO NOT WRITE IN THIS SPACE				
City & State					·						
ony a orace				City & State			55d 1673727 H				oplied For ot Applicable
Zip Country			Zip			ntry	5. Certificate of Status Desired			8.75 Additional see Required	
6. Name and Address of Current				Registered Agent			7. Name and Address of New Registered Agent				
BEL, PAULO DEL 210 174TH ST., APT. M-17 NORTH MIAMI BEACH FL 33160						Name Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Cod	e
8. The abov the obliga SIGNATURE	ations of registi	v submits this statement for ered agent.					stered agent, or both, in	the State of Florida			and accept
n	<del> </del>			<u>.                                    </u>					DATE		
					npaign Fi ontribution		<b>\$5.00</b> May Be Added to Fees		Check P artment		
TITLE	D	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS A	AND DIREC	TORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP	FELDSMITH 13911 SW MIAMI FL 3	100 LANE		☐ Delete					<u></u>	] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GARCIA, TERCIO 46TH ST APT 103 13178		☐ Delete	•	T ADDRESS ST-ZIP				) Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL BEL, F 210 174 ST MIAMI FL 3	T., #717		☐ Delete	TITLE NAME STREE CITY-	T ADDRESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CHRISTIANE 104 STREET #86 3196		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			. 🗆	Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP		.,		Change	Addition
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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:** 

769/2002

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