

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004756

1. Entity Name

KENLEY METAPHYSICAL CENTER, INC.

Principal Place of Business

4966 N UNIV DR
LAUDERHILL FL 33351
US

Mailing Address

4966 N UNIV DR
LAUDERHILL FL 33351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0610534

Applied For

Not Applicable

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

FERGUSON, RECKEL
4940 N. UNIVERSITY DRIVE
TALLAHASSEE FL 33321

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FERGUSON, RECKEL
STREET ADDRESS 4940 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP LAUDERHILL FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME RITZ, MAUREEN M
STREET ADDRESS 4028 INVERRARY DR.
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME RITZ, RAY M
STREET ADDRESS 4028 INVERRARY DR.
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME CIASNOHA, LINDA
STREET ADDRESS 8859 SW 49TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33328

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

SIGNATURE: *Reckel Ferguson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90066 039 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)