

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91594 025 ****75.00

DOCUMENT # N96000003737

1. Entity Name

AQUARIAN ARK TEMPLE OF TRANSFORMATION, INC.

Principal Place of Business

Mailing Address

8620 NW 17 AVE
 MIAMI FL 33147

8620 NW 17 AVE
 MIAMI FL 33147

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

65-0681667

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

BEALS, BISHOP JAMES
2521 NW 131 ST
MIAMI FL 33167

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	PCD	<input type="checkbox"/> Delete
NAME	BEALS, JAMES	
STREET ADDRESS	2521 NW 131 ST	
CITY-ST-ZIP	N MIAMI FL 33167	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GAUSE, ELIZABETH	
STREET ADDRESS	2521 NW 131 ST	
CITY-ST-ZIP	N MIAMI FL 33167	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MERRITT, JOSEPH	
STREET ADDRESS	1833 NW 45 STREET	
CITY-ST-ZIP	MAIMI FL 33142	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	LOVETT, ROLLEY	
STREET ADDRESS	2435 NW 179TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, BESSIE	
STREET ADDRESS	2989 NW 57TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMAS, HATTIE	
STREET ADDRESS	2350 NW 54TH STREET, APT. 601	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lily B. Roberts	
STREET ADDRESS	4865 NW 35 Avenue	
CITY-ST-ZIP	Miami, FL 33142	
TITLE	Trustee	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albertha Fleming	
STREET ADDRESS	6441 SW 30 Street	
CITY-ST-ZIP	Miramar, FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 of James Beals
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR