

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

004-37

**DOCUMENT # N96000004352**

1. Entity Name

**CENTER FOR LIFE ENRICHMENT, INC.**

04-26-2001 90115 026 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

**3141 MCDONALD ST  
 COCONUT GROVE FL 33133  
 US**

**P O BOX 331503  
 COCONUT GROVE FL 33233  
 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

**65-0691641**

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

**HEBBERD, BARBARA REV  
 3141 MCDONALD ST  
 COCONUT GROVE FL 33133-ND**

Name

Street Address (P.O. Box Number is Not Acceptable)

**D**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	HEBBERD, BARBARA	3141 MCDONALD ST	COCONUT GROVE FL 33133	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HARRISON, PAUL	251 WEST PROSPECT ROAD	OAKLAND PARK FL 33304	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BEHFAR, LAURA	16250 NE 2ND AVENUE	MIAMI FL 33162	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Barbara Hebbard*  
**REV. BARBARA HEBBERD 448-8555**  
**APRIL 21, 2001 (305)**

CR2E037 (10/00)