

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90111 003 \*\*\*\*61.25

**DOCUMENT # N96000004352**

1. Entity Name

**CENTER FOR LIFE ENRICHMENT, INC.**



Principal Place of Business

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

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



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)

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath. 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: **BARBARA HEBBERD** (305) 448-8555

CR2E037 (10/02)