

2000 UNIFORM BUSINESS REPORT (UBR)

4A/1

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-13-2000 90066 050 ****61.25

DOCUMENT # 9600004646

1. Entity Name
AKS CENTER OF MIAMI
ALLAN KARDEC SPIRITIST CENTER OF MIAMI, INC

Principal Place of Business
1150 NORMAND DR
MIAMI BEACH
FL 33141

Mailing Address
P.O. BOX 416335
MIAMI BEACH
FL 33141

2. Principal Place of Business
1150 NORMANDY DR
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 416335
 Suite, Apt. #, etc.

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip
33141

Country
USA

Zip
33141

Country
USA

4. FEI Number
65-0775314

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RA - MARCIA RIGONATI
2497 EAGLE RUN DR
WESTON, FL 33332

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when resigning)

FILE NOW
FEES \$81.25

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

TITLE <u>RA</u>	<input type="checkbox"/> Delete
NAME <u>MARCIA RIGONATI</u>	
STREET ADDRESS <u>2497 Eagle Run Dr.</u>	
CITY-ST-ZIP <u>Weston, FL 33332</u>	
TITLE <u>VANESSA MEDEIROS</u>	<input type="checkbox"/> Delete
NAME <u>122 NE 204 ST #123</u>	
STREET ADDRESS <u>N MIAMI - FL 33179</u>	
CITY-ST-ZIP <u>TREASURER</u>	
TITLE <u>SECRETARY</u>	<input type="checkbox"/> Delete
NAME <u>JACQUELINE FERREIRA</u>	
STREET ADDRESS <u>4596 ALTON RD</u>	
CITY-ST-ZIP <u>MIAMI BEACH FL 33139</u>	
TITLE <u>ANTONIO EWERS</u>	<input checked="" type="checkbox"/> Delete
NAME <u>60 S. SHORE DR., #21</u>	
STREET ADDRESS <u>MIAMI BCH - FL-33141</u>	
CITY-ST-ZIP <u>TREASURER</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 <u>Vanessa Medeiros</u>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <u>JF</u>	
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	

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 817, 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: MARCIA RIGONATI Date: 3-22-00 Daytime Phone #: 305-406-9076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2037 (9/98)