

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90094 040 ****61.25

DOCUMENT # N96000004646

1. Entity Name

ALLAN KARDEC SPIRITIST CENTER OF MIAMI, INC.

Principal Place of Business

Mailing Address

**1150 NORMANDY DR. RM. 4
 MIAMI BEACH FL 33141**

**P.O. BOX 416335
 MIAMI BEACH FL 33141**

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

65-0775314

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

**RIGONATI, MARCIA
 2497 EAGLE RUN DRIVE
 WESTON FL 33332**

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** ☐ Delete
 NAME **RIGINATI, MARCIA**
 STREET ADDRESS **1447 ESTANCIA CIRCLE**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE **PD** ☒ Change ☐ Addition
 NAME **RIGONATI MARCIA**
 STREET ADDRESS **2497 Eagle Run Dr.**
 CITY-ST-ZIP **Weston, FL 33327**

TITLE **SD** ☐ Delete
 NAME **MEDEIROS, VANESSA**
 STREET ADDRESS **122 NE 204 STREET, APT. 23**
 CITY-ST-ZIP **NORTH MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **EWERS, ANTONIO B**
 STREET ADDRESS **605 SHORE DR #21**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ 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 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 MARCIA RIGONATI

2-18-02 305-406-9076

CR2E037 (9/01)