## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N96000004646



**FILED** May 01, 2003 8:00 am Secretary of State

03-26-2003 90172 008 \*\*\*\*61.25

ALLAN KARDEC SPIRITIST CENTER OF MIAMI, INC.			
Principal Place of Business 1150 NORMANDY DR. RM. 4 MAMI BEACH FL 33141	Mailing Address P.O. BOX 416335 MIAMI BEACH FL 33141		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State	City & State		4. FEI Number <b>65-0775314</b> Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Regulred  7. Name and Address of New Registered Agent
RIGONATI, MARCIA 2497 EAGLE: RUN SRIVE WESTON PL 33332  8. The above named entity submits this statement the obligations of registered egent.	ent for the purpose of changing its	Street Address  249  City WE	(P.O. Box Number is Not Acceptable)  TEagle Run Dr.  STON  FL Zip Code 33327  ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE  Signature, typed or printed name of registered  FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	TE: Augistered Agent signature require impaign Financing	\$5.00 May Be Added to Fees Florida Department of State
10. OFFICERS AND TITLE PD NAME RIGINATI, MARCIA STREET ADDRESS CITY-ST-ZIP WESTON FL 33327	ID DIRECTORS	TITLE PR	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Rigonati Marcia Change Addition  Rigonati Marcia  Rigonat
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS RIGONATI, MARCIA STREET ADDRESS 2497 EAGLE RUN DR	Delete  3	TITLE SD MG NAME STREET ADDRESS 37 CITY-ST-ZIP M TITLE SD NAME	EDETROS, VANESSA  120 COMINS AVE APT217  1 A ON 1 BEACH FL33/40  7 CKELINE FERRETE A
CITY-ST-ZIP WESTON FL 33327	□ Delega		796 ALTON RD MIAMI BEACH  FL 33140  Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE  NAME	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Oelete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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 outh; that I am an officer or director of the corporation or the receiver or trustee enjoyment 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 audices, with all other like empowered.

**SIGNATURE:**