

# 2000 UNIFORM BUSINESS REPORT (UBR)

Jul 05, 2000 8:00 am  
Secretary of State

05-16-2000 90182 001 \*\*\*\*61.25

DOCUMENT # N98000005109

1. Entity Name

VOICE OF ENLIGHTENMENT INC.

*R*

Principal Place of Business

Mailing Address

3621 NW 7 STREET  
FT LAUDERDALE FL 33311

3621 NW 7 STREET  
FT LAUDERDALE FL 33311-7533

307089

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS-WOODS, GLORIA  
3621 NW 7 STREET  
FT LAUDERDALE FL 33311

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

*Gloria Harris-Woods 4/25/2000*

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

|                |                              |                                            |
|----------------|------------------------------|--------------------------------------------|
| TITLE          | T.                           | <input checked="" type="checkbox"/> Delete |
| NAME           | SIGUR, ATARAH E              |                                            |
| STREET ADDRESS | 3621 NW 7TH ST               |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33311     |                                            |
| TITLE          | T.                           | <input type="checkbox"/> Delete            |
| NAME           | MILLS, CLINEATA Y            |                                            |
| STREET ADDRESS | 651 NW 56TH AVE BLDG 20 #102 |                                            |
| CITY-ST-ZIP    | LAUDERHILL FL 33313          |                                            |
| TITLE          | T.                           | <input checked="" type="checkbox"/> Delete |
| NAME           | BIGGS, JAMES E               |                                            |
| STREET ADDRESS | 5285 NW 70TH AVE             |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33319     |                                            |
| TITLE          | OTD                          | <input type="checkbox"/> Delete            |
| NAME           | WOODS, GLORIA                |                                            |
| STREET ADDRESS | 3621 NW 7TH ST               |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33311     |                                            |
| 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          | OTD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SIGUR, ATARAH E          |                                                                              |
| STREET ADDRESS | 3621 N.W. 7th St         |                                                                              |
| CITY-ST-ZIP    | Ft. Lauderdale, FL 33311 |                                                                              |
| TITLE          | OTD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Samuel E Kelly           |                                                                              |
| STREET ADDRESS | 4980 N.W. 72nd TERR      |                                                                              |
| CITY-ST-ZIP    | Lauderhill, FL 33319     |                                                                              |
| TITLE          | OTD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BIAS, James E            |                                                                              |
| STREET ADDRESS | 5285 N.W. 70th AVE       |                                                                              |
| CITY-ST-ZIP    | Ft. Lauderdale, FL 33319 |                                                                              |
| TITLE          | T                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Tommy L. Woods           |                                                                              |
| STREET ADDRESS | 3621 N.W. 7th St.        |                                                                              |
| CITY-ST-ZIP    | FT. Lauderdale, FL 33311 |                                                                              |
| 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 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 #

*Gloria Harris-Woods*

*4/25/2000 934-584-9241*

CR2E037 (9/99)