

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005109

1. Entity Name

VOICE OF ENLIGHTENMENT INC.

Principal Place of Business

3621 NW 7 STREET  
FT LAUDERDALE FL 33311

Mailing Address

3621 NW 7 STREET  
FT LAUDERDALE FL 33311

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

APPLIED FOR

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

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

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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 DS  
NAME SIGUR, ATARAH E ☐ Delete  
STREET ADDRESS 3621 NW 7TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

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

TITLE T  
NAME MILLS, CLINEATA Y ☐ Delete  
STREET ADDRESS 551 NW 56TH AVE BLDG 20 #102  
CITY-ST-ZIP LAUDERHILL FL 33313

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

TITLE DV  
NAME BIGS, JAMES E ☐ Delete  
STREET ADDRESS 5285 NW 70TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33319

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

TITLE OTD  
NAME WOODS, GLORIA ☐ Delete  
STREET ADDRESS 3621 NW 7TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

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

TITLE D  
NAME KELLY, SAMUEL E ☐ Delete  
STREET ADDRESS 4980 NW 72ND TERRACE  
CITY-ST-ZIP LAUDERHILL FL 33319

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

TITLE T  
NAME WOODS, TOMMY L ☐ Delete  
STREET ADDRESS 3621 NW 7TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

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:

*Gloria Woods*

9/4/01

954-584-9246

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

04-10-2001 90111 022 \*\*\*\*61.25  
09-10-2001 90060 038 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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