

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-16-2002 90349 034 ****61.25

DOCUMENT # N98000005109

1. Entity Name

VOICE OF ENLIGHTENMENT INC. ✓

Principal Place of Business

Mailing Address

3621 NW 7 STREET
FT. LAUDERDALE FL 333113621 NW 7 STREET
FT LAUDERDALE FL 33311

41152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FRI Number

65-100-5758 APPLIED FOR

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gloria Harris-Woods

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/10/02

DATE

After September 13, 2002,
min. will be \$238.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	SD	<input type="checkbox"/> Delete
NAME	SIGUR, ATARAH E	
STREET ADDRESS	3621 NW 7TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WOODS, GLORIA H	
STREET ADDRESS	3621 NW 7 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BIAS, JAMES E	
STREET ADDRESS	5285 NW 70TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	

TITLE	CD	<input type="checkbox"/> Delete
NAME	WOODS, TOMMY L	
STREET ADDRESS	3621 NW 7TH STREET	
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	<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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 Harris-Woods

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02

954-584-9246

Daytime Phone #

CR2E037 (4/02)