

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000245

1. Entity Name

THE HIEROPHANY INSTITUTE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90074 035 ****70.00

Principal Place of Business

Mailing Address

12244 N.E. 10TH AVENUE
NORTH MIAMI FL 33161

12244 N.E. 10TH AVENUE
NORTH MIAMI FL 33161-5716

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

65-0947520

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

YEADAKER, EARL
12244 N.E. 10TH AVENUE
NORTH MIAMI FL 33161

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 YEADAKER, EARL
STREET ADDRESS 12244 N.E. 10TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE VD ☐ Delete
NAME DICK, RABBI B
STREET ADDRESS 12244 N.E. 10TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE TD ☐ Delete
NAME LECONTE, HARRY
STREET ADDRESS 12244 N.E. 10TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE TD ☐ Delete
NAME WILSON, SIDNEY
STREET ADDRESS 12244 N.E. 10TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE C-D ☐ Delete
NAME KONNELL, SAM
STREET ADDRESS 12244 N.E. 10TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 305-891-5976
Date Daytime Phone #

CR2E037 (9/99)