

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90311 027 \*\*\*\*61.25

**DOCUMENT # N99000005520**

1. Entity Name  
**UNIVERSAL SPIRITUAL FOUNDATION, INC.**



Principal Place of Business

**606 SOUTH C ST  
#106  
LAKE WORTH FL 33460**

Mailing Address

**606 SOUTH C ST  
#106  
LAKE WORTH FL 33460**

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 **65-0954309**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUJOLA, MERJA  
606 SOUTH C ST #106  
LAKE WORTH FL 33460**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **PUJOLA, MERJA**  
STREET ADDRESS **606 SOUTH C ST**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **P/D** ☐ Change ☒ Addition  
NAME **MERJA PUJOLA**  
STREET ADDRESS **606 SOUTH C ST #106**  
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **D** ☐ Delete  
NAME **PUJOLA, PAAVO**  
STREET ADDRESS **606 SOUTH C ST**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **PAAVO PUJOLA** ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **606 SOUTH C ST #106**  
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **TD** ☒ Delete  
NAME **NOWLIEN, DARLENE**  
STREET ADDRESS **400 APOLLO DR**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **V/D** ☒ Change ☐ Addition  
NAME **KARI PEIPPO**  
STREET ADDRESS **P.O. BOX/PL 104**  
CITY-ST-ZIP **84101 YLIVIESKA, FINLAND**

TITLE **BMT** ☐ Delete  
NAME **SMOLEN, HELEN**  
STREET ADDRESS **8017 STIRRUP CAY CT**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **HELEN SMOLEN S** ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **8017 STIRRUP CAY CT**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **T** ☒ Delete  
NAME **CROSSAN, NELL**  
STREET ADDRESS **704 TUSCALOOSA ST**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **T** ☒ Change ☐ Addition  
NAME **CASSANDRA STRIKER**  
STREET ADDRESS **12764 MEADOWBREEZE DRIVE**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

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)(l), 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: **OSNATUTP REVERED**

**April 23, 03 561-5862486**

CR2E037 (10/02)