

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005955**

1. Entity Name

RAELIAN RELIGION CORPORATIONFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 29 AM 9:51

Principal Place of Business

Mailing Address

21241 N.E. 3RD COURT
NORTH MIAMI BEACH FL 33179~~POST OFFICE BOX 611783~~
~~NORTH MIAMI FL 33201-1783~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEL Number

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

CLARK, ALEXANDER
1401 EAST BROWARD BOULEVARD
SUITE 303
FT. LAUDERDALE FL 33301

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 renaming)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P-D	PRESIDENT - D	RICKY LEE ROETHA	4601 GRAN CANYON DRIVE LAS VEGAS, NV 89103				
VP-D	VICE-PRESIDENT - D	MARIE-HELENE PARON	17860 N.E. 24TH COURT NORTH MIAMI BEACH, FL 33180				
	SECRETARY	DONNA J NEWMAN	519 NE 199TH TERRACE NORTH MIAMI BEACH, FL 33179				
T-D	TREASURER - D	GENEVIEVE PARON-FARRELL	21241 N.E. 3RD COURT NORTH MIAMI BEACH, FL 33179				

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 817, 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 5/15/2000 Daytime Phone #

CP2:007 (9/99)