

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90135 022 ***150.00

DOCUMENT # P00000086067

1. Entity Name

SOUL MIND BODY RENEWAL, INC.

Principal Place of Business

13205 SW 137 AVENUE
 UNIT 212
 MIAMI FL 33186

Mailing Address

13205 SW 137 AVENUE
 UNIT 212
 MIAMI FL 33186

2. Principal Place of Business

15613 SW 107th Court

3. Mailing Address

PO Box 972631

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla

City & State

Miami

Zip

33157

Country

U.S.A

Zip

33197-2631

Country

U.S.A

4. FEI Number

65-1039967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAYERS, LIONEL G
 15613 SW 107 COURT
 MIAMI FL 33157

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MAYERS, LIONEL G
 15613 SW 107TH COURT
 MIAMI FL 33157 ☐ Delete

TITLE
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 CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Daytime Phone #

CR2E034 (4/02)



Lionel Gaskin Mayers, D.O.M.
Acupuncture Physician
Hypnotist

Attachment
B0129929

15613 S.W. 107th Court
Miami, FL 33157

Phone: 305-255-0977
E-mail: Eleon4031@aol.com

DEAR SIR / MADAM

RE DOCUMENT

No. P00000086067

SOUL MIND BODY RENEWAL.

D.B.A. LIFE RENEWAL INSTITUTE

I MOVED MY OFFICE IN OCTOBER. NOVEMBER
LAST YEAR AND DID NOT RECEIVE ANY
DOCUMENTATION FROM YOU TILL THIS WEEK. PLEASE
FORGIVE THIS OVERSIGHT. AND THE REASON FOR
FILING AT THIS TIME.

I remain

Yours RESPECTFULLY

Lionel Mayers