## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 17, 2002 8:00 am Secretary of State **DOCUMENT#** P00000086067 1. Entity Name SOUL MIND BODY RENEWAL, INC. 07-17-2002 90135 022 \*\*\*150.00 Principal Place of Business Mailing Address 13205 SW 137 AVENUE 13205 SW 137 AVENUE **UNIT 212 UNIT 212** MIAMI FL 33186 MIAM! FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MI Am 1AMI 65-1039967 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U. S.A 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent MAYERS, LIONEL G Street Address (P.O. Box Number is Not Acceptable) 15613 SW 107 COURT **MIAMI FL 33157** City 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 registared agent SIGNATURE Signature, typed or printed name of registered id title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MAYERS, LIONEL G NAME STREET ADDRESS 15613 SW 107TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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 of the corporation or the receiver or trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

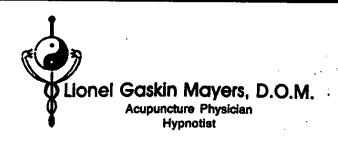
STREET ADDRESS

CITY-ST-ZIP ~

SIGNATURE AND TYPED OR PRINTED NAME OF

☐ Change

☐ Addition



B0129929

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

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

DEAR SIR / MAJAM

RE Document (No- 100000086067

Sour MIND BODY RENEWAZ.

D.B.A. LIFE RENEWAL INSTITUTE

I MOVED MY OFFICE IN OCTOBER NOVEMBER

LAST YEAR AND DID NOT RECIEVE ANY

DOCUMENTATION FROM YOU TIME THIS WEEK. PREASE

NERSIGHT. AND THE REMSON FOR

AT THIS

Your RESPECTEURLY