

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2000 8:00 am**
Secretary of State

04-03-2000 90186 013 ****75.00

DOCUMENT # 741422

1. Entity Name

PILGRIM FAMILY LEAGUE, INC.

Principal Place of Business

**80 NE 54TH ST
MIAMI FL 33137
US**

Mailing Address

**14710 S. SPUR DR.
MIAMI FL 33161-2109**

2. Principal Place of Business

14250 N. Miami Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 530155 Miami

Suite, Apt. #, etc.

Shores

City & State

Miami, FLORIDA

City & State

Miami, FLORIDA

4. FEI Number

65-0144301

Applied For

☒ Not Applicable

Zip

33168

Country

USA

Zip

33153

Country

USA

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

**MOMPRIER, JACQUES
14710 S. SPUR DR.
MIAMI FL 33181**

Name

JACQUES MOMPRIER

Street Address (P.O. Box Number is Not Acceptable)

325 N.E. 110 TERRACE

City

Miami

FL

Zip Code

33161

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:

JACQUES MOMPRIER

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

03-27-00

DATE

**FILE NOW:
FEE IS \$51.25**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

TITLE	PD	☒ Delete
NAME	ANDRE ASTREL	
STREET ADDRESS	1220 NE 110 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☒ Delete
NAME	WILKINSON, RAYMOND	
STREET ADDRESS	1701 NE 171 ST	
CITY-ST-ZIP	N MIAMI FL 33182	
TITLE	G	☒ Delete
NAME	GEORGES, CHARLEMAGNE	
STREET ADDRESS	14701 NW 3RD AVE.	
CITY-ST-ZIP	MIAMI FL 33188	
TITLE	D	☒ Delete
NAME	CHARLEMAGNE, JEAN-CLAUDE M	
STREET ADDRESS	13807 NE 5TH AVE.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	O	☒ Delete
NAME	HYPPOLITE, BRUNELL D	
STREET ADDRESS	P.O. BOX 881638 N/A	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	☒ Delete
NAME	WILKINSON, RAYMOND	☒ Change
STREET ADDRESS	15710 NW 7th Ave #100	
CITY-ST-ZIP	MIAMI, FL 33162	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	JACQUES MOMPRIER (D)	
STREET ADDRESS	325 N.E. 110th Terrace	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	YP	☐ Change ☒ Addition
NAME	Rev. Lawford Smith	
STREET ADDRESS	14250 North Miami Ave.	
CITY-ST-ZIP	Miami, FL 33168	
TITLE	C	☐ Change ☒ Addition
NAME	Neville A. Wilson (D)	
STREET ADDRESS	3034 NW 195th Terrace	
CITY-ST-ZIP	Miami, FL 33056	
TITLE	S	☐ Change ☒ Addition
NAME	Elaine Williams	
STREET ADDRESS	7110 NW 179th St #105	
CITY-ST-ZIP	Miami FL 33015	
TITLE	VC	☐ Change ☒ Addition
NAME	Herold Hinds (D)	
STREET ADDRESS	8960 South Lake Miramar Circle	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE	T	☒ Change ☐ Addition
NAME	George Charlemagne	
STREET ADDRESS	14701 NW 3rd Ave.	
CITY-ST-ZIP	Miami, FL 33168	

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:

Elaine Williams, Elaine Williams (S) 3/20/00 305 823 3686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #