

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90023 036 ****70.00

DOCUMENT # **N10976**

1. Entity Name

APOSTOLIQUE FAITH CHURCH, INC

Principal Place of Business

Mailing Address

**5708 NE 2ND AVE.
 MIAMI, FL. 33137**

**1645 NE 159TH STREET
 NMB, FL. 33162**

2. Principal Place of Business

3. Mailing Address

1645 NE 159TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N.M.B., FL.

4. FEI Number

59-2617741

Applied For

Not Applicable

Zip

Country

Zip

Country

33162 MIAMI-DADE

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

**PIERRE, ST. LOUIS
 1645 NE 159TH STREET
 NORTH MIAMI BEACH, FL. 33162**

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 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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ST. LOUIS, REV. PIERRE	
STREET ADDRESS	1645 NE 159 STREET	
CITY-ST-ZIP	NMB, FL. 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ST. LOUIS, GABRIEL P.	
STREET ADDRESS	1645 NE 159 STREET	
CITY-ST-ZIP	NMB, FL. 33162	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELIZAIRE, MICHELINE	
STREET ADDRESS	7512 NW 1 CONVY	
CITY-ST-ZIP	MIAMI, FL.	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRELEIN, DIEULA	
STREET ADDRESS	5118 N. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI, FL.	
TITLE	AD	<input type="checkbox"/> Delete
NAME	LAFONTANT, ANDRE DANIEL	
STREET ADDRESS	1131 NW 122ND STREET	
CITY-ST-ZIP	MIAMI, FL.	
TITLE	T	<input type="checkbox"/> Delete
NAME	SISTER GENEVOIT	
STREET ADDRESS	610 NE 177 STREET	
CITY-ST-ZIP	MIAMI, FL.	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/2000 305 948-8487

Date

Daytime Phone #

CR2E0: 7 (9/99)