

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90055 024 \*\*\*\*75.00

**DOCUMENT # N18123**

1. Entity Name

**ECLISE MISSIONNAIRE TROMPETTE DE SION, INC.**

Principal Place of Business

Mailing Address

%SILNY JOSMA  
 7642 N.W. 7TH AVE.  
 MIAMI FL 33150

%SILNY JOSMA  
 7642 N.W. 7TH AVE.  
 MIAMI FL 33150-3211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**EGLISE MISSIONNAIRE/TROMPETTE DE SION INC.**

3. Mailing Address  
**EGLISE MISSIONNAIRE TROMPETTE DE SION INC.**

Suite, Apt. #, etc.  
**7642 N.W. 7TH AVE**

Suite, Apt. #, etc.  
**7642 N.W. 7TH AVE**

City & State  
**MIAMI FLA**

City & State  
**MIAMI FLA**

4. FEI Number  
**65-0032708**

Applied For  
 Not Applicable

Zip  
**F 33150**

Country  
**DADE/USA**

Zip  
**33150**

Country  
**U.S.A**

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

**JOSMA, MARIE LUCE**  
 9605 SW 78TH ST  
 MIAMI FL 33173

Name  
**Rev. SILNY, JOSMA**

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

**7642 N.W. 7TH AVE**

City  
**MIAMI**

FL

Zip Code  
**33150**

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 **REV. SILNY JOSMA (PRESIDENT)** *Silny Josma* **02/14/00**  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PHILIPPE, ANCELLA</b>	
STREET ADDRESS	<b>920 NW 47 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEORGE, VELIA</b>	
STREET ADDRESS	<b>8375 NE 3RD COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOSMA, MARIE L</b>	
STREET ADDRESS	<b>9605 SW 78TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JOSMA, SILNY</b>	
STREET ADDRESS	<b>7642 NW 7TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOSMA, LYCEE</b>	
STREET ADDRESS	<b>666 NE 80TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FINELIA, DORÇEANT</b>	
STREET ADDRESS	<b>845 N.W. 149 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FLA 33163</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSMA, LYCEE</b>	
STREET ADDRESS	<b>190 N.E. 121 TERR.</b>	
CITY-ST-ZIP	<b>N. MIAMI FLA 33161</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSMA, MARIE L</b>	
STREET ADDRESS	<b>9605 SW 78TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FLA 33173</b>	
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		

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: *Rev. Silny Josma*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/14/00** **305-835-2925**  
Date Daytime Phone #

CR2E037 (9/99)