

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18123

1. Entity Name

ECLISE MISSIONNAIRE TROMPETTE DE SION, INC.

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

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

Principal Place of Business

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

Mailing Address

%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

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

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

7. Name and Address of New Registered Agent

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) 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINELIA, DORCEANT	
STREET ADDRESS	845 N.W. 149 TERR	
CITY-ST-ZIP	MIAMI FLA 33162	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSMA, LYCEE	
STREET ADDRESS	190 N.E. 121 TERR.	
CITY-ST-ZIP	N. MIAMI FLA 33161	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSMA, MARIE L	
STREET ADDRESS	9605 SW 78TH STREET	
CITY-ST-ZIP	MIAMI FLA 33173	
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)