

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90028 009 \*\*\*\*61.75

**DOCUMENT # N18123**

1. Entity Name

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

Principal Place of Business

Mailing Address

7642 N.W. 7TH AVE.  
 MIAMI FL 33150

7642 N.W. 7TH AVE.  
 MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0032708**

Applied For

Not Applicable

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, SILNY REV**  
**7642 NW 7TH AVE**  
**MIAMI FL 33150**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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>V</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>JOSMA, MARIE L</b>    |                                 |
| STREET ADDRESS | <b>9605 SW 78TH ST</b>   |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33173</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>S</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>JOSMA, LYCEE</b>      |                                 |
| STREET ADDRESS | <b>190 NE 121 TERR</b>   |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33161</b>    |                                 |
| TITLE          | <b>T</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>FINELIA, DORCEANT</b> |                                 |
| STREET ADDRESS | <b>845 NW 149 TERR</b>   |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33168</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    |  |  |
| TITLE          |  | <input checked="" 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    |  |  |
| 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)(l), 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 *Josma* SIGNATURE *Josma* **02/12/02** **(305) 835-2925**

1024386

CR2E037 (9/01)