## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N98000007115

1. Entity Name

## EGLISE DE DIEU LE SUR REFUGE, INC.

Principal Place of Business

Mailing Address

13735 N.W. 4TH COURT MIAMI FL 33168

13735 N.W. 4TH COURT

MIAMI FL 33168

2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	<u></u>		

**FILED** Oct 01, 2002 8:00 am Secretary of State
10-01-2002 90175 021 \*\*\*\*61.25

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2. Principal	Place of Business	3. Mailing Address	·.,,				
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	te, Apt. #, etc.		O NOT WRITE IN THIS SPACI	Ξ	
City & State C		City & State	City & State		4. FEI Number Applied For Not Applicable		
Zip Country Zi		Zìp	p Country		5. Certificate of Status Desired \$8.75 Additional		
	6. Name and Address of Curre	Bootstand distances 5 5 5 5 5			Fee F	Required	
	o. Name and Address of Curre	nt Hegistered Agent	Name	7. Name and Addre	ss of New Registered Agent		
			Hame				
DESIR, PIERRE L REV 13735 N.W. 4TH COURT			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			<del></del>				
Miami Fl							
			City		.FL Zi	p Code	
8. The above	named entity submits this statement	for the purpose of changing its	rogistared efficación				
o. The above	e named entity submits this statement	tor the purpose or changing its	s registered office or reg	istered agent, or both, in the	e state of Florida.		
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SIGNATURE			_				
	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signature red	quired when reinstating)	DATE		
			<del>-</del>				
	EII E NOW	9. Election Car	mpaign Financing	\$5.00 May Be	Make Check Pay	able to	
	FILE NOW: FEE IS \$61.25	Trust Fund (		Added to Fees	Department of		
					Doparancia of	State	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	RS IN 10	
TITLE	D SIGNE - DE	☐ Delete	TITLE		□ CI	nange	
NAME	DESIR, PIERRE L REV		NAME				
STREET ADDRESS CITY-ST-ZIP	13735 N.W. 4TH COURT		STREET ADDRESS			1	
	MIAMI FL 33168	<del>-</del>	CITY-ST-ZIP			] !	
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TITLE	MIAMI_FL.33147		CITY-ST-ZIP	en management of the second of	<u> </u>	~	
NAME	DESIR, ROSENETTE	☐ Delete	TITLE		☐ Ch	ange	
STREET ADDRESS	13735 N.W. 4TH COURT		NAME STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33168		CITY-ST-ZIP				
TITLE	1711 2111 1 2 20 100	☐ Delete	TITLE	<u> </u>			
NAME		□ Delete	NAME		☐ Ch	ange	
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NAME			NAME		□ 0//	a- El uddition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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: