

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-22-2001 90034 010 ****70.00

DOCUMENT # **N99000007108**

1. Entity Name

Struggled But Not Alone, Inc. (LA)

Principal Place of Business

Miami, Florida

Mailing Address

**420 N.E. 142 St.
 North Miami, FL 33161**

2. Principal Place of Business

3. Mailing Address

420 N.E. 142 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Miami, FL 33161

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Luna St. Julien
 420 N.E. 142 St.
 North Miami, FL 33161**

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

Luna St. Julien

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when necessary)

5/4/01
 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luna St. Julien, President (D) ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	420 NE 142nd Street (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	North Miami, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor Edith Pascal, Director ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	54 NE 54 Street (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Claire Bernabe, Counselor ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15600-NW 7th Avenue, #606 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yva Laplante, Secretary/Treasurer ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13107 NE 6th Ave., #18 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	No. Miami, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marie Josee Jeanty, Evangelism ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	550 NE 162nd Street (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	No. Miami Beach, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marie Carmelle Momplaisir ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20310 NE 12 Ct. (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	No. Mia. Bch, FL 33179

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:

Luna St. Julien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/01
 Date

Daytime Phone #

CR2E037 (1/100)