

2002 UNIFORM BUSINESS REPORT (UBR)

5/25

FILED
Jul 10, 2002 8:00 am
Secretary of State

05-29-2002 90698 045 ****61.25

DOCUMENT # N00000003998

1. Entity Name-

**TEMPLE DE L'ETERNEL, L'HOPITAL PAR LA FOI, CORPO
 RATION**

Principal Place of Business

2277 NW 7TH AVE
 MIAMI FL 33127

Mailing Address

PO BOX 382232
 MIAMI FL 33238-2232

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

65-1062688

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

**LONGCHAMP, GERANDE
 2430 N W 93RD STREET
 MIAMI FL 33147**

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

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	T	<input type="checkbox"/> Delete
NAME	DESSALINES, JEAN J	
STREET ADDRESS	1111 N W 140TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LONGCHAMP, GERANDE	
STREET ADDRESS	2430 N W 93RD STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	TT	<input type="checkbox"/> Delete
NAME	RAPHAEL, SAGESSE	
STREET ADDRESS	790 N W 129TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHARLES, JOSEPH L	
STREET ADDRESS	735 N W 29TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	T	<input type="checkbox"/> Delete
NAME	DESSALINES, ANDRE	
STREET ADDRESS	1111 N W 140TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONGCHAMP, ANDRE	
STREET ADDRESS	2430 N W 93RD STREET	
CITY-ST-ZIP	MIAMI FL 33147	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

Geraness 06-17-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)