

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**


01-18-2000 90121 021 \*\*\*\*66.25

**DOCUMENT # 759537**  
 1. Entity Name  
**EGLISE DE DIEU MONT DES OLIVIERS, INC.**

Principal Place of Business Mailing Address  
**45 N.E. 54TH STREET MIAMI FL 33137** **45 N.E. 54TH STREET MIAMI FL 33137-2433**

2. Principal Place of Business 3. Mailing Address  
**45 NE 54th ST** **45 NE 54th ST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIAMI DADE** **MIAMI FL**  
 Zip Country Zip Country  
**33137 DADE** **33137 DADE**

  
 DO NOT WRITE IN THIS SPACE  
 4. FEI Number **22-2321231** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**REJOUIS, WILNER (REV)**  
**800 N.W. 145TH STREET**  
**NORTH MIAMI FL 33168**

7. Name and Address of New Registered Agent  
 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 **REV. Wilner Rejois** **Rev Wilner Rejois** **01-09-2000**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMETO, ROBUSTE</b> <b>14421 NW 10TH AVE</b> <b>MIAMI FL 33168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CEDENEUS, JEAN</b> <b>301 NW 108 ST</b> <b>MIAMI FL 33168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GUERRIER, MONIQUE</b> <b>12500 NW 17 CT</b> <b>MIAMI FL 33168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DUFRESNE, JOSUE</b> <b>780 N.W. 145TH ST.</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>REJOIS, WILNER REV.</b> <b>800 N.W 145TH STREET</b> <b>NORTH MIAMI FL 33168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Pastor</b> <b>Josue Dufresne</b> <b>780 NW 145 ST, Miami FL</b> <b>33168</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Associate Pastor</b> <b>Joel Delisport</b> <b>541 NE 164 ST, Miami FL</b> <b>33168</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Deacon</b> <b>Jean Guillaume</b> <b>301 NW 108 ST Miami FL</b> <b>33168</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Deacon</b> <b>Ameto Robuste</b> <b>14421 NW 10th Ave</b> <b>MIAMI FL 33168</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Nicole Noreus</b> <b>740 NW 143 ST</b> <b>MIAMI FL 33168</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Anne-Marie Derese</b> <b>78 NE 87 ST</b> <b>MIAMI FL 33147</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Rejois Wilner Rejois** **01-09-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #