

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90092 023 \*\*\*\*66.25

**DOCUMENT # N00000000636**

1. Entity Name

**LA PREMIERE EGLISE UNIVERSELLE DU SEIGNEUR (INDI  
VISIBLE), INC.**



Principal Place of Business

**521 N.W. 54TH STREET  
MIAMI FL 33150**

Mailing Address

**1255 N.W. 125TH ST  
N. MIAMI FL 33167**

2. Principal Place of Business

**521 N.W. 54th Street**

Suite, Apt. #, etc.

**Miami, FL 33150**

City & State

3. Mailing Address

**1255 N.W. 125th Street**

Suite, Apt. #, etc.

**Miami FL, 33167**

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PIERRE, JOSEPH TURGOT  
521 N.W. 54TH STREET  
MIAMI FL 33150**

7. Name and Address of New Registered Agent

Name

**Same Above**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD PIERRE, JOSEPH TURGOT	<input type="checkbox"/> Delete
STREET ADDRESS	1255 N.W. 125TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33167	
TITLE NAME	VD DUFREINE, ELIE	<input type="checkbox"/> Delete
STREET ADDRESS	1517 N.W. 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE NAME	SD SANON, JEFFREY	<input type="checkbox"/> Delete
STREET ADDRESS	6811 NORTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE NAME	T BRUTUS, JOSETTE	<input type="checkbox"/> Delete
STREET ADDRESS	12315 N.E. 4TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (10/02)