

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90120 001 ****66.25
 01-31-2001 90120 002 ****8.75

DOCUMENT # N00000002085

1. Entity Name

THE GREATNESS OF THE LORD MISSION OF JESUS CHRIS

Principal Place of Business

**642 SOUTHWEST 7TH AVENUE
 DELRAY BEACH FL 33444**

Mailing Address

**642 SOUTHWEST 7TH AVENUE
 DELRAY BEACH FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

139 NW 5th Ave

Suite, Apt. #, etc.

642 SW 7th Ave

City & State

DeLray Bch FLA

City & State

DeLray Bch FLA

Zip

33444

Country

USA

Zip

33444

Country

USA

4. FEI Number

65-0445355

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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 **PD** ☐ Delete
 NAME **THOMAS, VLADIMIR**
 STREET ADDRESS **642 SOUTHWEST 7TH AVENUE**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **VSTD** ☐ Delete
 NAME **JOSEPH, LIRENA**
 STREET ADDRESS **642 SOUTHWEST 7TH AVENUE**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
 NAME **Joseph, Alfred**
 STREET ADDRESS **241 SW 13th Ave**
 CITY-ST-ZIP **DeLray Bch FL 33444**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Calixte, Narcisse**
 STREET ADDRESS **642 SW 7th Ave**
 CITY-ST-ZIP **DeLray Bch FLA 33444**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Estime, Fimane**
 STREET ADDRESS **320 Tulip tree**
 CITY-ST-ZIP **Iantana, FLA 33462**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

01-10-01

(561) 276-7188

CR2E037 (10/00)