

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90077 004 \*\*\*\*61.25

DOCUMENT # N00000002902

1. Entity Name

EGLISE EVANGELIQUE TRIOMPHE, INC.

Principal Place of Business

Mailing Address

2085 NORTH DIXIE HIGHWAY  
POMPANO FL 33060

2085 NORTH DIXIE HIGHWAY  
POMPANO FL 33060

2. Principal Place of Business

3. Mailing Address

Eglise Evangelique Triomphe

41 NE 23 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2085 N. Dixie Highway

Pompano FL

City & State

City & State

FL

Pompano FL

Zip

Country

Zip

Country

33060

Broward

33060

4. FEI Number

45-1019461

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DRUCKER, GARY J ESQ  
3111 UNIVERSITY DRIVE SUITE 608  
CORAL SPRINGS FL 33065

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:**  
**FEES 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 ☐ Delete  
NAME D  
STREET ADDRESS DOCLAIT, DELIVEST  
CITY-ST-ZIP 41 NE 23 COURT  
POMPANO BEACH FL 33060

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS PIERRE, CLASUS  
CITY-ST-ZIP 6248 DOVAL DRIVE  
MARGATE FL 33063

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LOUIS, OSWELL  
CITY-ST-ZIP 6791 SW 10 COURT  
NORTH LAUDERDALE

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ELENITE, LOUISNER  
CITY-ST-ZIP 321 NW 42 STREET  
POMPANO FL 33060

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS DERIVAL, BERTRAND  
CITY-ST-ZIP 3741 RIVERSIDE DRIVE APT B  
CORAL SPRINGS FL 33065

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

TITLE ☐ Delete  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-30-01 Daytime Phone #

CR2E037 (10/00)