

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91599 037 \*\*\*\*70.00

**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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2085 North Dixie Highway

City & State

City & State

Pompano Beach FL

Zip

Country

Zip

Country

33060

Broward

4. FEI Number

65-1019661

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

DRUCKER, GARY J ESQ

3111 UNIVERSITY DRIVE SUITE 608

CORAL SPRINGS FL 33065

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 ☐ 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 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 ELLENTE LOUISIER  
 CITY-ST-ZIP 321 NW 12 STREET  
 POMPANO FL 33060

TITLE ☐ Change ☐ Addition  
 NAME ME JUSTIN CHARLE  
 STREET ADDRESS 2521 NE 8TH  
 CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

DELIVEST DOCLAIT  
 Delivest Docilait  
 Date 4 18 2002

Daytime Phone #

CR2037 (9/01)