

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90001 004 \*\*\*\*66.25

**DOCUMENT # N00000006274**

1. Entity Name

**GROUPE LUMIERE CORP.**

Principal Place of Business

**375 NORTHEAST 54 STREET  
 SUITE 8A  
 MIAMI FL 33138**

Mailing Address

**375 NORTHEAST 54 STREET  
 SUITE 8A  
 MIAMI FL 33138**

2. Principal Place of Business

**375 NORTH EAST 54 ST**

3. Mailing Address

**375 NORTH EAST 54 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 8A**

**SUITE 8A**

City & State

**MIAMI F.L.**

City & State

**MIAMI FL.**

Zip

**33138**

Country

**U.S.A.**

Zip

**33138**

Country

**U.S.A.**

4. FEI Number

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 **SPIEGEL & UTRERA, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1840 S.W. 22 ST 4TH FLOOR**  
**CORAL WAY**  
 City **MIAMI F.L. FL** Zip Code **33145**

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 **JN FRANCOIS VERDIER**

**09 05 01**

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**

**After September 12, 2001, min. will be \$236.25**

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>PD NAPOLEON, JHONSON 375 NORTHEAST 54 STREET MIAMI FL 33138</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV JEUNE, CHAVANNE 375 NORTHEAST 54 STREET MIAMI FL 33138</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VERDIER, JN. FRANCOIS 375 NORTHEAST 54 STREET MIAMI FL 33138</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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>PRESIDENT DIRECTOR JN FRANCOIS VERDIER 375 NORTHEAST 54 STREET MIAMI FL. 33138</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT DIRECTOR JHONSON NAPOLEON 375 NORTH EAST 54 STREET MIAMI FL. 33138</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT SECRETARY CHAVANNE J. JEUNE 375 NORTH EAST 54 STREET MIAMI FL. 33138</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER JN FRANCOIS VERDIER 375 NORTH EAST 54 STREET MIAMI FL. 33138</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSIST SECRETARY DAVID DALEXIS 375 NORTH EAST 54 STREET MIAMI FL. 33138</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSIST TREASURER GERALD GEORGES 375 NORTH EAST 54 STREET MIAMI FL 33138</b>	<input type="checkbox"/> Change <input checked="" 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:

**JN FRANCOIS VERDIER**

**954 579 6838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)