

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90413 013 \*\*\*\*70.00

DOCUMENT # **N00000007762**

1. Entity Name

**CHURCH OF JESUS-CHRIST REHOBOTH, INC.**

Principal Place of Business

Mailing Address

15604 NE 12TH AVE.  
 N. MIAMI BEACH FL 33162

15604 NE 12TH AVE.  
 N. MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**15-1070727**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOUIS, JEAN JEAN** → **JEAN-LOUIS, JEAN**  
 15604 NE 12TH AVE.  
 N. MIAMI BEACH FL 33162

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>President</b> <del>LOUIS, JEAN JEAN</del> <b>JEAN-LOUIS, JEAN</b>	<b>15604 NE 12TH AVE.</b>	<b>N. MIAMI BEACH FL 33162</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>AUGUSTE, FERDINAND</b>	<b>10850 NE 3RD AVE.</b>	<b>MIAMI FL 33161</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>S</b> <del>FLEURME, MARIE</del>	<b>430 NE 147 ST.</b>	<b>MIAMI FL 33161</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (5/01)

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

**07/31/2001**

Daytime Phone #

**(305) 919-6451**