

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-07-2003 91052 004 ****70.00

DOCUMENT # N00000008549

1. Entity Name
EGLISE EVANGELIQUE DE RACHETES DE L'ETERNEL, INC



Principal Place of Business
**5929 N.W. 2ND AVENUE
MIAMI FL 33127**

Mailing Address
**2950 N.W. 186TH TERRACE
MIAMI FL 33056**

2. Principal Place of Business

3. Mailing Address

13126 SW 29th



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR FLA

4. FEI Number **APPLIED FOR**

55-081-4211

Applied For

Not Applicable

Zip

Country

Zip

Country

33027

Broward

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

**PIERRE, MAX F
2950 NORTH WEST 186TH TERRACE
MIAMI FL 33056**

Name

PIERRE, MAX F

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

13126 SW 29th

City

MIRAMAR

FL

Zip Code

33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **PIERRE, MAX F**
STREET ADDRESS **1271 N.W. 115TH STREET**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **D** ☐ Delete
NAME **PIERRE, ERNST**
STREET ADDRESS **325 N.W. 135TH STREET**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **D** ☐ Delete
NAME **HERARD, JEAN**
STREET ADDRESS **1271 N.W. 115TH STREET**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **D** ☒ Delete
NAME **GULLAUME, FRANK**
STREET ADDRESS **325 N.W. 135TH STREET**
CITY-ST-ZIP **MIAMI FL 33168**

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 **D** ☒ Change ☐ Addition
NAME **PIERRE, MAX F**
STREET ADDRESS **13126 SW 29th**
CITY-ST-ZIP **MIRAMAR FL 33027**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **JEAN JOSEPH CASSENS**
STREET ADDRESS **1035 NW 131st**
CITY-ST-ZIP **MIAMI FL 33168**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-03-954-274 9826

CR2E037 (10/02)