

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-06-2002 90110 028 ****70.00

DOCUMENT # N01000001886

1. Entity Name

EGLISE EVANGELIQUE BAPTISTE "VIE ABONDANTE" INC.

Principal Place of Business

Mailing Address

11638 NE 2ND AVE.
 MIAMI FL 33161

11638 NE 2ND AVE.
 MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

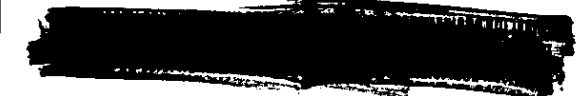
Zip

Country

33153-1191

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-112150

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

REJOUS, ANAN L
11638 NE 2ND AVE.
MIAMI FL 33161

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 D	P REJOUS, ANAN L 75 NE 128TH ST. MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE S	EUGENE, IVES 60 NW 190TH ST. MIAMI FL 33169	<input checked="" type="checkbox"/> Delete
TITLE T	PHILIPPE, ELJAMISE 10625 NW 10TH AVE. MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete

TITLE V	REJOUS Emilie 19499 NE 10TH AVE apt 401 N. Miami Beach, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	Leandre Edeline 575 NE 143TH ST Apt. 303 Miami FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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 an other like empowered.

SIGNATURE:

ANAN L REJOUS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02 (305) 999 9474
 Date Daytime Phone #