

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

DOCUMENT # NO1000008430

1. Entity Name *MISSION GOOD Samaritains
of the last days, inc.*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 31 AM 8:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

443 NE 195 ST

Suite, Apt. #, etc.

339

City & State

N M B Dade

Zip

33179 MIAMI FL

3. Mailing Address

443 NE 195 ST

Suite, Apt. #, etc.

339

City & State

N M B

Zip

33179 Dade FL

4. FEI Number

26-0007030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANCIANE DOUCET

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

443 NE 195 ST

City

N M B

FL

Zip Code

33179

**DO NOT WRITE
IN THIS SPACE**

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

(Typed or printed name of registered agent and state of agent required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 *D*
NAME *FRANCIANE DOUCET*
STREET ADDRESS *443 NE 195 ST*
CITY-ST-ZIP *N M B FL 33179*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9/30/02 01048006 35.00

TITLE *L*
NAME *Eric Mercer*
STREET ADDRESS *3590 NW 181 ST MIAMI FL*
CITY-ST-ZIP *33056*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700008724507
*10/31/02--01047--001 **26.25*

TITLE *L*
NAME *Dady Doucet*
STREET ADDRESS *443 NE 195 ST N M B*
CITY-ST-ZIP *FL 33179*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE *L*
NAME *Yvette Philoctete*
STREET ADDRESS *3590 NW 181 M A FL*
CITY-ST-ZIP *33056*

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Franciane Doucet*

11/7/02
aw

CR2E037B (12/01)