

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16998

1. Entity Name

EGLISE DU NAZAREEN LIBRE, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90004 037 ****70.00

Principal Place of Business

764 ONE 2ND AVE
MIAMI FL 33138
US

Mailing Address

7020 NW 3RD AVE
MIAMI FL 33150-3927
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7640 NE 2ND AVE
Suite, Apt. #, etc.

3. Mailing Address

7020 NW 3RD AVE
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-2722497

Applied For

Not Applicable

Zip

33138

Country

DADE

Zip

33138

Country

DADE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMOSTHINES, FRITZ
7020 NW 3RD AVE
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name

FRITZ DEMOSTHINES

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

7020 NW 3RD AVE

City

MIAMI

FL

Zip Code

33150

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 FRITZ DEMOSTHINES P.D.

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

(NOTE: Registered Agent signature required when reinstating)

01-23-2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMOSTHINES, FRITZ	
STREET ADDRESS	7020 NW 3RD AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMOSTHINES, MULTIDA-M.	
STREET ADDRESS	7020 NW 3 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRENELLE, RAYMOND MAX	
STREET ADDRESS	850 N.W. 110 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	MARIE VENANTE MONCHER	
STREET ADDRESS	235 NE 47TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	LOLITA ST HILAIRE	
STREET ADDRESS	345 NW 34 ST APT 6	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEMOSTHINES, FRITZBINE	
STREET ADDRESS	7020 BW 3RD AVE	
CITY-ST-ZIP	MIAMI FL 33150	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-2000

Date

(305) 7566719

Daytime Phone #

CR2E037 (9/99)