

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90138 046 ****70.00

DOCUMENT # N16998

1. Entity Name

EGLISE DU NAZAREEN LIBRE, INC.

Principal Place of Business

**7640 NE 2ND AVE
 MIAMI FL 33138
 US**

Mailing Address

**7020 NW 3RD AVE
 MIAMI FL 33150
 US**

907004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
7640 NE 2nd Ave
 City & State
MIAMI FL

Zip
33138

Country
DADE

3. Mailing Address

Suite, Apt. #, etc.
7020 NW AVE
 City & State
MIAMI FL

Zip
33150

Country
DADE

4. FEI Number

59-2722497

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEMOSTHENES, FRITZ
 7020 NW 3RD AVE
 MIAMI FL 33150**

7. Name and Address of New Registered Agent

Name
DEMOSTHENES FRITZ

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

Demosthenes Fritz

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

(NOTE: Registered Agent signature required when reinstating)

1-17-2001

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	DEMOSTHENES, FRITZ	
STREET ADDRESS	7020 NW 3RD AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMOSTHENES, 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	DEMOSTHENES, FRITZBINE FRITZLAINE	
STREET ADDRESS	7020 BW 3RD AVE 7020 NW 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: *FRITZLAINE DEMOSTHENES FRITZ P.D*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2001

Date

(305) 756 6719

Daytime Phone #

CR2E037 (10/00)