

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90055 024 \*\*\*\*75.00

0042739

**DOCUMENT # N21391**

1. Entity Name

**EGLISE DE DIEU MONT DES OLIVIERS LA NOUVELLE JER**

Principal Place of Business

Mailing Address

C/O JEAN LAURORE  
 11110 N.W. 6TH AVENUE  
 MIAMI FL 33168

C/O JEAN LAURORE  
 11110 N.W. 6TH AVENUE  
 MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0261024**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAURORE, JEAN**  
**11110 N.W. 6TH AVENUE**  
**MIAMI FL 33168**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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TITLE	NAME	TITLE	NAME
PD	LAURORE, JEAN O. 11110 N.W. 6 AVE. MIAMI FL		
VD	NEREUS, GARY 12355 N.W. 16TH AVE. MIAMI FL		
M	DETEMPS, BONTE 7272 N.E. 6TH CT., APT. 4 MIAMI FL		
TD	BAPTISTE, YANICK JEAN 735 N.W. 144 ST. MIAMI FL		

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: *Jean Laurore*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *04-10-01* Daytime Phone #

CR2E037 (10/00)