

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90078 032 ****75.00

DOCUMENT # N21391

1. Entity Name

**EGLISE DE DIEU MONT DES OLIVIERS LA NOUVELLE JER
 USALEM, INC.**

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

Zip

Country

Zip

Country

4. FEI Number

65-0261024

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

**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 **JEAN O. LAURORE**

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

(NOT Required 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 **PD** ☐ Delete
 NAME **LAURORE, JEAN O.**
 STREET ADDRESS **11110 N.W. 6 AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **NEREUS, GARY**
 STREET ADDRESS **12355 N.W. 16TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☒ Change ☐ Addition
 NAME **LAMISERE, DELPHRA**
 STREET ADDRESS **4977 SW 166 ST. AVE**
 CITY-ST-ZIP **MIAMI, FL 33167**

TITLE **M** ☐ Delete
 NAME **DETEMPS, BONTE**
 STREET ADDRESS **7272 N.E. 6TH CT., APT. 4**
 CITY-ST-ZIP **MIAMI FL**

TITLE **LAMOTHE, AUGUSTE** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **166 N.W. 117 ST. (Building**
 CITY-ST-ZIP **MIAMI, FL 33167- MANAGER**

TITLE **TD** ☐ Delete
 NAME **BAPTISTE, YANICK JEAN**
 STREET ADDRESS **735 N.W. 144 ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JEAN O. LAURORE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02 305-769-3356
 Date Signature

CR2E037 (9/01)