

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24979

1. Entity Name

TABERNACLE OF BETHLEHEM INTERNATIONAL MISSION, H  
OLINESS TO THE LORD, INC.

Principal Place of Business

900 W. DRIVE  
OPA LOCKA FL 33054  
US

Mailing Address

POST OFFICE BOX 0386  
MIAMI FL 33238-0386  
US

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

65-0459904

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

JINY BRUTUS  
900 W. DR. OPALOCKA BLVD.  
OPALOCKA FL 33054

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

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

(NOTE: Registered 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 P ☐ Delete  
NAME DIEUDONNE, BRUTUS  
STREET ADDRESS 180 NW 62ND ST  
CITY-ST-ZIP MIAMI FL

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

TITLE VD ☐ Delete  
NAME RAYMONVIL, BIENAME  
STREET ADDRESS 665 NE 83 TERRACE #409  
CITY-ST-ZIP MIAMI FL 33138

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

TITLE TD ☐ Delete  
NAME BRUTUS, LUNIE  
STREET ADDRESS 900 W. DR. OPA LOCKA BLVD.  
CITY-ST-ZIP OPA LOCKA FL 33054

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

TITLE SD ☐ Delete  
NAME LUCNER, LOUIMA  
STREET ADDRESS 1671 NE-146 ST  
CITY-ST-ZIP MIAMI FL 33138

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:

*J. Brutus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02  
Date Daytime Phone #

FILED  
Mar 10, 2002 8:00 am  
Secretary of State

03-10-2002 90739 001 \*\*\*\*61.25

03-10-2002 90739 002 \*\*\*\*\*8.75

71363



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)