

## 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90982 034 \*\*\*\*61.25

05-31-2001 90002 015 \*\*\*\*15.00

DOCUMENT # N30094

1. Entity Name

HOLY CHURCH OF JESUS CHRIST INC.

Principal Place of Business

Mailing Address

8380 NE 2ND AVE  
 MIAMI FL 33138  
 VS

P.O. BOX 380306  
 MIAMI FL 33238

2. Principal Place of Business

3. Mailing Address

8410 NE 1ST PL

P.O. BOX 380306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

City &amp; State

City &amp; State

MIAMI FL

MIAMI FL

Zip

Zip

33138

33238

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0275842

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GEORGES, JEAN N  
 12385 N W 17TH AVENUE  
 NORTH MIAMI FL 33167

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GEORGES, JEAN N	
STREET ADDRESS	12385 N.W. 17TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUSANA, JOSEPH	
STREET ADDRESS	289 N.W. 108TH TER.	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGES, JULMENE D	
STREET ADDRESS	12385 N.W. 17TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	Serge Orlando	
STREET ADDRESS	4074 Palm Beach	
CITY-ST-ZIP	Weston, FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 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:

JEAN N. GEORGES  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-01

305-7591124

CR2E037 (10/00)