

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37404

1. Entity Name

INDEPENDENT EGLISE DE DIEU PAR LE ST ESPRIT, INC

Principal Place of Business

1290 N.W. 36 ST.
MIAMI FL 33142

Mailing Address

1290 N.W. 36 ST.
MIAMI FL 33142-5554

2. Principal Place of Business

Miami Florida

3. Mailing Address

1290 N W 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0533470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAJOUS, LAURENT
3519 N.W. 13 AVE.
MIAMI FL 33142

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAJOUS, LAURENT	
STREET ADDRESS	1290 N.W. 36 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROMAIN, GLADYS	
STREET ADDRESS	261 N.W. 49 ST.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PIERRE, CELIA	
STREET ADDRESS	261 N.W. 49 ST.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Bishop Jean-Louis Sajous
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90102 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

05-16-00 305 638 4693