

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38764

1. Entity Name  
**ZION'S PEOPLE OF THE FAMILY OF GOD, INC.**

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**  
07-28-2000 90154 022 \*\*\*\*70.00

Principal Place of Business  
**1262 NE 146TH ST.  
MIAMI FL 33161  
US**

Mailing Address  
**1262 NE 146TH ST.  
MIAMI FL 33161-2543**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**281 NE 174 ST**

3. Mailing Address  
**281 NE 174 ST**

City & State  
**NORTH MIAMI BCH, FL**

City & State  
**N. M. BEACH, FL**

4. FEI Number  
**65-0205661**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THEVENIN, JEAN EDVA (REV)  
1262 NE 146TH ST.  
MIAMI FL 33161**

**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          | <b>P</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>EDVA-THEVENIN, JEAN</b> |  |
| STREET ADDRESS | <b>1262 NE 146TH ST.</b>   |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33161</b>      |  |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>BENOIT, SAMUEL</b>      |  |
| STREET ADDRESS | <b>15350 SW 302 ST</b>     |  |
| CITY-ST-ZIP    | <b>HOMESTEAD FL 33033</b>  |  |
| TITLE          | <b>D</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CONSERVE, DAYARD</b>    |  |
| STREET ADDRESS | <b>1262 NE 146TH ST.</b>   |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33161</b>      |  |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>HYPPOLITE, YVES C</b>   |  |
| STREET ADDRESS | <b>1955 NE 207 ST</b>      |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33179</b>      |  |
| 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 checked="" type="checkbox"/> Addition |
| NAME           | <b>ROSE Michele SCUTT</b>       |  |
| STREET ADDRESS | <b>281 NE 174 ST</b>            |  |
| CITY-ST-ZIP    | <b>N. MIAMI BEACH, FL 33162</b> |  |
| 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 EDVA THEVENIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/30/00**  
Date

Daytime Phone #