

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90095 024 \*\*\*\*70.00

**DOCUMENT # N39136**

1. Entity Name

**EGLISE DE DIEU DU DERNIER TEMPS, INC.**

Principal Place of Business

1267 NW 119TH ST  
 MIAMI FL 33168  
 US

Mailing Address

12620 NE 4TH AVE.  
 N. MIAMI FL 33161-4647

**C0041877**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8380 N.E. 2nd Ave**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

4. FEI Number

**65-0229464**

Applied For

Not Applicable

Zip

**33138**

Country

**US**

Zip

Country

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

**DAUPHINE, SHIRLEY**  
**12620 NE 4TH AVE**  
**NORTH MIAMI FL 33161**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BONHOMME, JOSEPH D.</b>	
STREET ADDRESS	<b>12620 NE 4TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAUPHINE, SHIRLEY</b>	
STREET ADDRESS	<b>12620 NE 4TH AVE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BONHOMME, YVENIE</b>	
STREET ADDRESS	<b>12620 NE 4TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELLEVUE, AGNES</b>	
STREET ADDRESS	<b>1260 NW 118TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETIT-CAR, SILAS</b>	
STREET ADDRESS	<b>673 NE 86TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE		<input type="checkbox"/> Delete
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
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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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **03-16-00**  
 Daytime Phone #

CR2E037 (9/99)