## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## **FILED** DOCUMENT # N93000000392 May 19, 2000 8:00 am Secretary of State L'EGLISE DE DIEU DES ELUS, INC. 05-19-2000 90054 037 \*\*\*\*75.00 Mailing Address Principal Place of Business 1400 NE 117TH ST 8340 NE ZAGE #104 N MIAMI FL 33161-6910 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0387696 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Feè Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GREENSPAN, MELVYN G 3550 BISCAYNE BLVD SUITE 404 Zip Code MIAMI FL 33137 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Toleme Valentin Change 1775 NE. 835t, HIAMI, Fl 33138 TITLE SD TITLE ☐ Delete NAME NAME SIMEON, JOCELYN STREET ADDRESS STREET ADDRESS 13100 NE 7TH AVE #117 CITY-ST-ZIP CITY-ST-ZIP N. MIAMI FL 33161 PD MATILAE SAINTVIL Change Addition 390 NCE 113 St MIAMI, F1 33161 ☐ Delete TITLE TITLE ANTAMUS, SAIMTUEIL NAME NAME STREET ADDRESS STREET ADDRESS 390 NE 113TH ST CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33161** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME CHERY, ELIMOR STREET ADDRESS STREET ADDRESS 861 NW 114TH ST. CITY-ST-ZIP CITY-ST-ZIP miami fl ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 1881/NE 172ND SI CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #