

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90016 045 ****61.25

DOCUMENT # N93000003343

1. Entity Name

MT. SION EGLISE EVANGELIQUE LA FOI APOSTOLIQUE,

Principal Place of Business

6909 BISCAYNE BLVD
 MIAMI FL 33138
 US

Mailing Address

PO BOX 380636
 MIAMI FL 33238
 US

2. Principal Place of Business

6909 Biscayne Blvd
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 381544
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0426776

Applied For

Not Applicable

Zip

33138

Country

Dade

Zip

33238

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

N/A

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.

N/A

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	BRUNACHE, JACQUES A REV	
STREET ADDRESS	1759 MARSEILLES DRIVE, #5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUNACHE, MARIE M	
STREET ADDRESS	1759 MARSEILLE DRIVE, #5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUCIEN, JACQUES	
STREET ADDRESS	13700 NE AVE, #313	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FORNES, CARMEN	
STREET ADDRESS	550 SW 115TH AVE, #E-1	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BRUNACHE, MARIE J	
STREET ADDRESS	1759 MARSEILLE DRIVE, #5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FERON, BERNADIN	
STREET ADDRESS	13700 NE 6TH AVE, #313	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRE L. MONGERARD.	
STREET ADDRESS	8840 SW 21 ST	
CITY-ST-ZIP	MIAMI FL	
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:

[Signature]
REQUIRED

05 01- 2001

CR2E037 (10/00)