

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90273 007 \*\*\*\*61.25

**DOCUMENT # N93000003343**

1. Entity Name

**MT. SION EGLISE EVANGELIQUE LA FOI APOSTOLIQUE, INC.**

Principal Place of Business

Mailing Address

6909 BISCAYNE BLVD  
 MIAMI FL 33138  
 US

PO BOX 381544  
 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

Florida

City & State  
 Miami Florida

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 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: *Rev. Jacques Brunache*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-01-2002 Daytime Phone #

CR2E037 (9/01)