

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90002 007 \*\*\*\*61.25

DOCUMENT # **N94000003801**

1. Entity Name

**EGLISE EVANGELIQUE DES PELERINS, INC.**

Principal Place of Business

Mailing Address

1290 N.W. 119 ST  
 N MIAMI FL 33167

P.O. BOX 680507  
 MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0537279**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASTEURIN, JAMES N REV**  
**401 NW 152 ST.**  
**BISCAYNE GARDENS FL 33169**

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**  
**After September 13, 2000 min. will be \$236.25**

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  Delete  
 NAME **DPT**  
 NAME **PASTEURIN, JAMES N REV**  
 STREET ADDRESS **401 N.W. 152 ST**  
 CITY-ST-ZIP **BISCAYNE GARDENS FL 33169**

TITLE  Change  Addition  
 NAME **Eyolene Eugene**  
 NAME **1335 N.W. 187 st**  
 STREET ADDRESS **MIAMI FL 33169**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVS**  
 NAME **PASTEURIN, MARIE N**  
 STREET ADDRESS **401 NW 152 ST.**  
 CITY-ST-ZIP **BISCAYNE GARDENS FL 33169**

TITLE  Change  Addition  
 NAME  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
 NAME **FORBES, AXEXANDE**  
 STREET ADDRESS **11744 NW 22 CT**  
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE  Change  Addition  
 NAME  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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TITLE  Change  Addition  
 NAME  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/19/00 (303) 681-4259  
 Date Daytime Phone #

CR 11907 (3)(i)