

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000476

1. Entity Name

EGLISE BAPTISTE PHARE LUMINEUX, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90009 036 ****70.00

Principal Place of Business

8433 NE 2ND AVE
MIAMI FL 33138
US

Mailing Address

745 NE 163RD ST
MIAMI FL 33162-3621
US

2. Principal Place of Business

8397 NE 2nd Ave

Suite, Apt. #, etc.

3. Mailing Address

745 NE 163rd St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

N. Miami Beach, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33138

Country

US

Zip

33162

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Amerilawyer

Street Address (P.O. Box Number is Not Acceptable)

343 ALMERIA AVE

City

CORAL Gables

FL

Zip Code

33134

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DELFI, JEAN C REV	
STREET ADDRESS	535 NE 160TH TERR	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERRE, DIEUDACE	
STREET ADDRESS	1735 NE 180 ST	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEURANTIN, DENIS	
STREET ADDRESS	9220 NW 3RD AVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARLO, DORVAL	
STREET ADDRESS	8012 NE 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	PROPHETIA, NOEL	
STREET ADDRESS	1021 NE 160 ST.	
CITY-ST-ZIP	N, MIAMI BCH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELFI, JEAN C. REV.	
STREET ADDRESS	535 NE 160 Terr.	
CITY-ST-ZIP	N. Miami Bch, FL 33162.	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mrs. Gable Elge	
STREET ADDRESS	1021 NE 160 ST	
CITY-ST-ZIP	N. Miami Bch, FL 33162.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fleurantin, Denis Rev.	
STREET ADDRESS	9220 NW 3rd Ave	
CITY-ST-ZIP	Miami FL 33150	
TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLO, Dorval	
STREET ADDRESS	8012 NE 7th Ave	
CITY-ST-ZIP	Miami, FL 33138	
TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prophetia, Noel	
STREET ADDRESS	1021 NE 160 St	
CITY-ST-ZIP	N. Miami Bch, FL 33162.	
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 of Jean C. Delfi

Signature and typed or printed name of signing officer or director

4-25-00. (305) 751-5551.

Date

Daytime Phone #

CR2E037 (9/99)