

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000476

1. Entity Name

EGLISE BAPTISTE PHARE LUMINEUX, INC.

FILED
Jul 25, 2001 8:00 am
Secretary of State

05-11-2001 90037 036 ****61.25

76916



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8397 NE 2 AVENUE MIAMI FL 33138 US		Mailing Address 745 NE 163RD ST MIAMI FL 33162 US	
2. Principal Place of Business 8397 NE 2nd Ave Suite, Apt. #, etc. Miami, FL City & State Miami, Florida Zip 33138 Country US		3. Mailing Address 745 NE 163rd St Suite, Apt. #, etc. N-Miami Beach, FL City & State N-Miami Beach, FL Zip 33162 Country US	
4. FEI Number 65-0813626		APPLIED FOR Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Coral Gables City Coral Gables, FL Zip Code 33134	
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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 12, 2001, 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 NAME STREET ADDRESS CITY-ST-ZIP	D DELFI, JEAN C REV 535 NE 160TH TERR MIAMI FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delfis, Jean C. Rev. 1070 NE 163rd St N-Miami Beach, FL 33162. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELGE, GABLE 1021 NE 160 STREET NORTH MIAMI FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELGE, Gable 1021 NE 160 St N-Miami Beach, FL 33162. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEURANTIN, DENIS 9220 NW 3RD AVE MIAMI FL 33150 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorval, Carlo 8012 NE 7th Ave Miami, FL 33138. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLO, DORVAL 8012 NE 7TH AVE MIAMI FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Desrameaux, Delice 244 NE 161st N-Miami Beach 33162. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PROPHETIA, NOEL 1021 NE 160 ST. N, MIAMI BCH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Noel, Prophetia 1021 NE 163rd St N-Miami Beach, FL 33162. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELFI, JEAN C REV. 535 NE 160 TERRACE MIAMI FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delfis, Rev. Jean C. 1070 NE 163rd St N-Miami Beach, FL 33162. <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. 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: *Jean C. Delfis* Jean C. Delfis 7/16/01 (305) 956-2955.

CR2E037 (5/01)