

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001128

1. Entity Name

UNITED ASSEMBLY OF CHRIST AND TABERNACLE, INC.

R

Principal Place of Business

514-B INDEPENDENCE RD.  
WEST PALM BEACH FL 33405

Mailing Address

3883 HIAWATHA AVE. #3  
WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DANIEL, SUNDRE REV.  
3883 HIAWATHA AVE. #3  
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

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

TITLE DV ☐ Delete  
NAME SUDRE, DANIEL REV.  
STREET ADDRESS 3883 HIAWATHA AVE.  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE DP ☐ Delete  
NAME EUGENE, JACQUES P REV  
STREET ADDRESS 3883 HIAWATHA AVE  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE DST ☐ Delete  
NAME ABOITE, PAUL REV  
STREET ADDRESS 645 NW 47TH ST.  
CITY-ST-ZIP MIAMI FL 33127

TITLE DST ☐ Delete  
NAME DORCE, JOSIAS REV  
STREET ADDRESS 52 NW 61 ST  
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE DST ☒ Change ☐ Addition  
NAME Michel R. Desamours  
STREET ADDRESS 350 DAVIS RD  
CITY-ST-ZIP DELRAY BEACH FL

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL SUDRE

Date

Daytime Phone #

8/28/2000 361-848-8645

FILED  
Aug 31, 2000 8:00 am  
Secretary of State

08-31-2000 90109 022 \*\*\*\*61.25

00082020



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0686254 NOT APPLICABLE  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E037 (5/00)