

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003854

1. Entity Name

MISSION INTERNATIONALE DU CANAAN, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90098 045 \*\*\*\*61.25

Principal Place of Business

7930 SW 10TH CT #8  
NORTH LAUDERDALE FL 33068

Mailing Address

7703 S.W. 5TH STREET  
NORTH LAUDERDALE FL

2. Principal Place of Business

7703 S.W. 5th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Lauderdale, FL

City & State

Zip

33068

Country

USA

Country

4. FEI Number

65-0686094

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEAUBRUN, GERALD  
7703 S.W. 5TH STREET  
NORTH LAUDERDALE FL 33068

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 DPT ☐ Delete  
NAME BEAUBRUN, GERALD  
STREET ADDRESS 7703 S.W. 5TH STREET  
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE DV ☐ Delete  
NAME BEAUBRUN, MARIE MD  
STREET ADDRESS 7703 S.W. 5 STREET  
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE DVS ☐ Delete  
NAME ST LOT, RAYMOND  
STREET ADDRESS 7930 SW 10TH CT #B  
CITY-ST-ZIP N LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition  
NAME DVS  
STREET ADDRESS St Lot, Raymond  
CITY-ST-ZIP 7930 SW 10th St North-Lauderdale Fl 33068

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-17-2000

Date

954 720 9330

Daytime Phone #

CR2E037 (5/00)