

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90065 001 \*\*\*\*61.25  
 07-13-2000 90065 002 \*\*\*\*8.75

**DOCUMENT # N96000005688**

1. Entity Name  
**EGLISE DE DIEU MAISON DE PRIERE OF MIAMI, INC.**

R

Principal Place of Business  
**1265 N.W. 29TH STREET**  
**MIAMI FL 33142**

Mailing Address  
**1265 N.W. 29TH STREET**  
**MIAMI FL 33142**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Eglise de Dieu Maison de Priere**

3. Mailing Address  
**1291-99 NW 29 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Building**

**Building**

City & State  
**Miami Florida**

City & State  
**Miami Florida**

4. FEI Number  
**65-0717965**

Applied For  
 Not Applicable

Zip  
**33142**

Country  
**Dade**

Zip  
**33142**

Country  
**Dade**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORDON, RON**  
**335 NORTHWEST 54TH STREET**  
**MIAMI FL 33127**

Name  
**Jerachmeel Bassette**

Street Address (P.O. Box Number is Not Acceptable)  
**1458 NW 32 ST**

City  
**Miami FLA** **FL** Zip Code  
**33142**

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 *Jerachmeel Bassette*

**7-5-00**

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  
**DP**  Delete  
 NAME  
**BASSETTE, BELIUS**  
 STREET ADDRESS  
**1458 NW 32 ST.**  
 CITY-ST-ZIP  
**MIAMI FL 33142**

TITLE  
**BASSETTE BELIUS DP**  Change  Addition  
 NAME  
**1458 NW 32 ST**  
 STREET ADDRESS  
**Miami FL 33142**  
 CITY-ST-ZIP

TITLE  
**DS**  Delete  
 NAME  
**POLLAS, MERREDIEU**  
 STREET ADDRESS  
**595 N.E. 139TH ST. #6**  
 CITY-ST-ZIP  
**MIAMI FL 33161**

TITLE  
**DS**  Change  Addition  
 NAME  
**POLLAS, Merredieu**  
 STREET ADDRESS  
**595 N.E. 139th #6**  
 CITY-ST-ZIP  
**Miami FL 33161**

TITLE  
**DT**  Delete  
 NAME  
**CARMILLE, AMONTIL**  
 STREET ADDRESS  
**1185 NW 29 ST.**  
 CITY-ST-ZIP  
**MIAMI FL 33127**

TITLE  
**DT**  Change  Addition  
 NAME  
**JERACHEMEEL Bassette**  
 STREET ADDRESS  
**1458 NW 32 ST**  
 CITY-ST-ZIP  
**Miami FLA 33142**

TITLE  
**DV**  Delete  
 NAME  
**BASSETTE, MARIE M**  
 STREET ADDRESS  
**1458 NW 32 ST.**  
 CITY-ST-ZIP  
**MIAMI FL 33142**

TITLE  
**DV**  Change  Addition  
 NAME  
**Bassette, Marie M**  
 STREET ADDRESS  
**1458 NW 32 ST**  
 CITY-ST-ZIP  
**Miami FL 33142**

TITLE  
 Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 Delete  
 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: *Belius Bassette*

**7-05-00**

**305-638-3114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)