

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90017 005 \*\*\*\*61.25

**DOCUMENT # N96000005688**

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

Principal Place of Business <b>1265 N.W. 29TH STREET MIAMI FL 33142</b>	Mailing Address <b>1291-99 NW 29TH STREET BUILDING MIAMI FL 33142</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1265 N.W. 29th street</b>	3. Mailing Address <b>1291-99 NW 29th street</b>
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Suite, Apt. #, etc. <b>Building</b>	Suite, Apt. #, etc. <b>Building</b>
City & State <b>Miami FLA</b>	City & State <b>Miami FLA</b>

4. FEI Number <b>65-0717965</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33142</b>	Country	Zip <b>33142</b>	Country <b>FLA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**BASSETTE, JERACHMED  
 1458 NW 32ND STREET  
 MIAMI FL 33142**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BASSETTE, BELIUS 1458 NW 32 ST. MIAMI FL 33142</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS POLLAS, MERREDIEU 595 N.E. 139TH ST., #8 MIAMI FL 33161</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT CARMILLE, AMONTIL 1185 NW 29 ST. MIAMI FL 33127</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV BASSETTE, MARIE M 1458 NW 32 ST. MIAMI FL 33142</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Belius Bassette** JURED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/02 (305) 638-3114**  
 Date Daytime Phone #

CR2E037 (9/01)