

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000328

1. Entity Name

MESSIANIQUE TRAINING CENTER AND INSTITUTE, INC.

Principal Place of Business

5420 NO STATE ROAD 7
FORT LAUDERDALE FL 33319

Mailing Address

5420 NO STATE ROAD 7
FORT LAUDERDALE FL 33319-2922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1539751

Applied For

Not Applicable

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

VALBRUN, JOSEPH
520 NW 5TH STREET
HALLANDALE FL

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

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 PD ☐ Delete
NAME VALBRUN, JOSEPH
STREET ADDRESS 5420 NO STATE ROAD 7
CITY-ST-ZIP FORT LAUDERDALE FL 33319

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

TITLE VSD ☐ Delete
NAME VALBRUN, MARYSE
STREET ADDRESS 5420 NO STATE ROAD 7
CITY-ST-ZIP FORT LAUDERDALE FL 33319

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

TITLE TD ☐ Delete
NAME BAPTISTE, BETTY
STREET ADDRESS 519 FOSTER RD
CITY-ST-ZIP HALLANDALE FL 33009

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

TITLE P ☐ Delete
NAME VALBRUN, JOSEPH
STREET ADDRESS 5420 N STATE RD. SEVEN
CITY-ST-ZIP FT LAUDERDALE FL 33319

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

TITLE VP ☐ Delete
NAME VALBRUN, MARYSE
STREET ADDRESS 5420 N STATE RD. SEVEN
CITY-ST-ZIP FT LAUDERDALE FL 33319

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

TITLE T ☐ Delete
NAME BAPTISTE, BETTY J
STREET ADDRESS 519 FOSTER RD.
CITY-ST-ZIP HALLANDALE FL 33009

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

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-29-00

Date

(954) 486-1640

Daytime Phone #

CR2E037 (9/99)