

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90013 005 ****61.25

DOCUMENT # N97000001317

1. Entity Name

TEMPLE DU SAINT ESPRIT DE DIEU CORP.

Principal Place of Business

Mailing Address

8051 NE 2ND AVE
 MIAMI FL 33138

8051 NE 2ND AVE
 MIAMI FL 33138-4403

2. Principal Place of Business

3. Mailing Address

P.O. Box 380155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

4. FEI Number

59-3523592

Applied For

Not Applicable

Zip

Country

Zip
33138

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACK, J D
9820 NW 7TH AVE
MIAMI FL 33150

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 Delete
 NAME **PD ZAMOR, JOSEPH S**
 STREET ADDRESS **149 NW 88TH ST**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD HENRI, PIERRE A.**
 STREET ADDRESS **1353 NE 11TH ST**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD BENSON, WILFRED**
 STREET ADDRESS **1045 NW 144TH ST**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SECRETARY DUCLOS MARIE**
 STREET ADDRESS **85 NE 131 STREET**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TREASURER ASSISTANT JEAN-BAPTISTE CONSTANT**
 STREET ADDRESS **765 NW 97ST**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MEMBER DESTIN ELYNE**
 STREET ADDRESS **17601 NW 32 CT**
 CITY-ST-ZIP **CAROL CITY FL 33056**

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: **JOSEPH S ZAMOR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2000 (305) 263 0929
 Date Daytime Phone #

CR2E037 (9/99)