

# 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<br><b>8051 NE 2ND AVE<br/>MIAMI FL 33138</b> | Mailing Address<br><b>8051 NE 2ND AVE<br/>MIAMI FL 33138-4403</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>P.O. Box 380155</b><br>Suite, Apt. #, etc. |
| City & State  | City & State<br><b>Miami FL</b>                                     |
| Zip<br><b>33138</b>                                   | Country<br><b>DADA</b>  |

|  |  |
|--|--|
| 4. FEI Number<br><b>59-3523592</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>MACK, J D<br/>9820 NW 7TH AVE<br/>MIAMI FL 33150</b> | 7. Name and Address of New Registered Agent |
| Name   |   |
| Street Address (P.O. Box Number is Not Acceptable)   |   |
| City   | <b>FL</b> 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 \_\_\_\_\_

|                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <b>FILE NOW:<br/>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<br/>Department of State</b> |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---------------------------------|---|---|
| TITLE<br><b>PD</b>                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ZAMOR, JOSEPH S</b>            |                                 | NAME  |   |
| STREET ADDRESS<br><b>149 NW 88TH ST</b>   |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>MIAMI FL 33150</b>      |                                 | CITY-ST-ZIP   |   |
| TITLE<br><b>VD</b>                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>HENRI, PIERRE A</b>            |                                 | NAME  |   |
| STREET ADDRESS<br><b>1353 NE 11TH ST</b>  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>MIAMI FL 33161</b>      |                                 | CITY-ST-ZIP   |   |
| TITLE<br><b>TD</b>                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BENSON, WILFRED</b>            |                                 | NAME  |   |
| STREET ADDRESS<br><b>1045 NW 144TH ST</b> |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>MIAMI FL 33168</b>      |                                 | CITY-ST-ZIP   |   |
| TITLE<br><b>SECRETARY</b>                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>DUCLOS MARIE</b>               |                                 | NAME  |   |
| STREET ADDRESS<br><b>85 NE 131 STREET</b> |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>MIAMI FL 33161</b>      |                                 | CITY-ST-ZIP   |   |
| TITLE<br><b>TREASURER ASSISTANT</b>       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>JEAN-BAPTISTE CONSTANT</b>     |                                 | NAME  |   |
| STREET ADDRESS<br><b>765 NW 97ST</b>      |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>MIAMI FL 33150</b>      |                                 | CITY-ST-ZIP   |   |
| TITLE<br><b>MEMBER</b>                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>DESTIN ELYNE</b>               |                                 | NAME  |   |
| STREET ADDRESS<br><b>17601 NW 32 CT</b>   |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>CAROL CITY FL 33056</b> |                                 | 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** **04/25/2000** **(305) 263 0929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)