

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90015 019 ****61.25

DOCUMENT # N97000001317

1. Entity Name

TEMPLE DU SAINT ESPRIT DE DIEU CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8051 NE 2ND AVE MIAMI FL 33138	Mailing Address P.O. BOX 380155 MIAMI FL 33138
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3523592	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMOR, JOSEPH S <input checked="" type="checkbox"/> Delete 149 NW 88TH ST MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRI, PIERRE A <input type="checkbox"/> Delete 1353 NE 11TH ST MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENSON, WILFRED <input type="checkbox"/> Delete 1045 NW 144TH ST MIAMI FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUCLOS, MARIE <input type="checkbox"/> Delete 85 NE 131 STREET MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT JEAN-BAPTISTE, CONSTANT <input type="checkbox"/> Delete 765 NW 97 STREET MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DESTIN, EVLVNE <input type="checkbox"/> Delete 17601 NW 32 COURT OPA LOCKA FL 33056

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D MARIE E. ZAMOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 149 N.W. 88 TH ST. MIAMI FL. 33150
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: WILFRED BENSON *Wilfred Benson* 2-26-01 786-367-5119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)