

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90039 046 ****70.00

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1. Entity Name

UNIQUE CHRISTIAN MISSIONARY COMMITTED TO
 EXCELLENCE, INC.

Principal Place of Business

Mailing Address

1351 SOUTH DIXIE HIGHWAY, SUITE 7 E
 POMPANOBEACH, FL 33060-8562

2. Principal Place of Business

SAME AS ABOVE.

3. Mailing Address

P.O. BOX 4224

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORTLAUDERDALE, FLORIDA

Zip

Country

33338

BROWARD

4. FEI Number

65-0791754

Applied For

Not Applicable

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

ROBERT L. GOLUBSKI, C.P.A.
 1001 W. CYPRESS CREEK ROAD, SUITE 410
 FORTLAUDERDALE, FLORIDA 33309

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RIVEL DUMAINE 1020 NORTHEAST 7TH AVENUE# 16 FORTLAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD . CLAUDETTE BENOIT 520 NORTHWEST 14 AVENUE#2 FORTLAUDERDALE, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANITES GEORGES 2780 SOMERSET DRIVE# P210 FORTLAUDERDALE, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD. OCTAVIEN MAURICE 1227 NORTHWEST 5 AVENUE# 1 FORTLAUDERDALE, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TD FELITHA NELSON 1227 NORTHWEST 5 AVENUE #1 FORTLAUDERDALE, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT OFFICER: MARIE LOUISEMENE PIERRE 2541 NW 39 Th TERRACE # 1 B FORTLAUDERDALE, FL 33311	<input type="checkbox"/> Delete

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
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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: RIVEL DUMAINE, PRESIDENT 3/17/2000 (954)942-8270/ 733-5772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)