

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000021**

1. Entity Name

MESSENGERS OF PERSEVERANCE INC.FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 3:25

Principal Place of Business

1060 NW 184 DR.
MIAMI FL 33169
US

Mailing Address

1060 NW 184 DR.
MIAMI FL 33169
US

2. Principal Place of Business

13201 MEMORIAL HIGHWAY

Suite, Apt. #, etc.

223

City & State

MIAMI FL

Zip

33161

Country

USA

3. Mailing Address

13201 MEMORIAL HIGHWAY

Suite, Apt. #, etc.

223

City & State

MIAMI FL

Zip

33161

Country

USA



DO NOT WRITE IN THIS SPACE

65-1041193

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ETIENNE, CHARLES
1060 NW 184 DR.
MIAMI FL 33169

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

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ETIENNE, CHARLES	
STREET ADDRESS	1060 NW 184 DR.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PIERRE-LOUIS, EDVARD	
STREET ADDRESS	480 NW 132 ST.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	NOEL, DIEUDONNE	
STREET ADDRESS	12412 NE 11 PL	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASNER ANILUJ	
STREET ADDRESS	19220 NW 6th AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

CHARLES ETIENNE

Date

9/4/00 (305) 8913285

Daytime Phone #

CR2E037 (5/00)