

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001954

1. Entity Name

LUMILY'S MISSION FOR HAITI INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90120 007 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1510 SW 87 TERRACE  
 PEMBROKE PINES FL 33025

1510 SW 87 TERRACE  
 PEMBROKE PINES FL 33025-3372

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0862078

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAMPLENIZZA, ANNA  
 753 NE 167 STREET  
 NORTH MIAMI BEACH FL 33162

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 PD ☐ Delete  
 NAME MASTHELIER, LICIEUNE  
 STREET ADDRESS 1510 SW 87 TERRACE  
 CITY-ST-ZIP PEMBROKES PINES FL 33025

TITLE ☐ Change ☒ Addition  
 NAME **PD MASTHELIER, EMILIE**  
 STREET ADDRESS **2401 S.W. 42nd Terrace APT B**  
 CITY-ST-ZIP **Fort Lauderdale FL 33317**

TITLE VSD ☐ Delete  
 NAME MARDY, HANS  
 STREET ADDRESS 110 NE 62ND ST  
 CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MD ☒ Delete  
 NAME BEAUBRUN, ELIONOR  
 STREET ADDRESS 320 NE 180 DR  
 CITY-ST-ZIP N MIAMI BCH FL 33762

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 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: Lucienne Masthelier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

(954) 436-1164

Daytime Phone #

CR2E037 (9/99)