

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001954

1. Entity Name

LUMILY'S MISSION FOR HAITI INC.

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90183 013 ****70.00

UBR/500

Principal Place of Business

Mailing Address

6416 NE 2ND AVE
MIAMI FL 33138

1510 SW 87 TERRACE
PEMBROKE PINES FL 33025

004009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0862078

Applied For

Not Applicable

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, LUCIENNE
STREET ADDRESS 1510 SW 87 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33025

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

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 TD ☐ Delete
NAME MATHELIER, EMILIE
STREET ADDRESS 2401 SW 42ND TERRACE APTB
CITY-ST-ZIP FORT LAUDERDALE FL 33317

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

Lucienne Matherier

4/25/02 (305)751-1235

CR2E037 (9/01)