

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005958

1. Entity Name

MESSENGER OF THE GREAT KING INC.

Principal Place of Business

8650 NW 24TH STREET  
SUNRISE FL 33322

Mailing Address

8650 NW 24TH STREET  
SUNRISE FL 33322-3302

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GUERRIER-LEGER, MARIE R  
8650 NW 24TH STREET  
SUNRISE FL 33322

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

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 PD ☐ Delete  
NAME GUERRIER LEGER, MARIE R  
STREET ADDRESS 8650 NW 24TH STREET  
CITY-ST-ZIP SUNRISE FL 33322

TITLE VD ☐ Delete  
NAME ANTOINE, LEOPOLD  
STREET ADDRESS 1420 SW 10TH ST #101  
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE SD ☐ Delete  
NAME CLERVEAU, EMIE  
STREET ADDRESS 1304 NW 62ND AVE  
CITY-ST-ZIP MARGATE FL 33063

TITLE TD ☐ Delete  
NAME ANDRE, EDGAR  
STREET ADDRESS 575 SW 20TH AVE #4  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE D ☐ Delete  
NAME LEGER, LOUIYEL  
STREET ADDRESS 8650 NW 24TH STREET  
CITY-ST-ZIP SUNRISE FL 33322

TITLE D ☐ Delete  
NAME PETIT, JEAN M  
STREET ADDRESS 7810 SW 10TH COURT #A  
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 30, 2000 8:00 am  
Secretary of State

05-30-2000 90006 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0857037  
Applied For ☐ Not Applicable ☐

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

CR2E037 (9/99)