

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005958

1. Entity Name

MESSENGER OF THE GREAT KING INC.

**FILED**  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90229 003 \*\*\*\*61.25

0047844

Principal Place of Business

Mailing Address

8650 NW 24TH STREET  
SUNRISE FL 33322

8650 NW 24TH STREET  
SUNRISE FL 33322

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

65-0857037

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

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

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

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

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

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

4/29/01 (954) 749111