

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000150

1. Entity Name

EGLISE DE DIEU MISSIONNAIRE DE MIAMI INC.

Principal Place of Business

180 NE 65 STREET  
MIAMI FL 33138

Mailing Address

180 NE 65 STREET  
MIAMI FL 33138-5948

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0891414

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POITEVIEN, ANDRE  
180 NE 65 STREET  
MIAMI FL 33138

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 D  
NAME POITEVIEN, ANDRE  
STREET ADDRESS 127 NW 41 ST  
CITY-ST-ZIP MIAMI FL 33127

TITLE D  
NAME BEAUBRUN, BONIFACE  
STREET ADDRESS 2534 JOHNSON ST  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE DD  
NAME ST ELUS, (ALLSE) SAINTEALISE  
STREET ADDRESS 505 NW 123 ST  
CITY-ST-ZIP NO MIAMI FL 33188

TITLE D  
NAME JOSEPH, LOSIER  
STREET ADDRESS 127 NW 41 ST  
CITY-ST-ZIP MIAMI FL 33127

TITLE D  
NAME BEAUBRUN, MICHELINE  
STREET ADDRESS 2534 JOHNSON ST  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6000003178226-5  
-03/21/00--01096--012  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
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TITLE  
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:

*Andre Poitevien Pastor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000  
Date Daytime Phone #

AD