

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000176

1. Entity Name

L'EGLISE BAPTISTE GRACE POUR LA NOUVELLE GENERAT

Principal Place of Business

3900 NORTHEAST 3RD AVENUE
POMPANO BEACH FL 33064

Mailing Address

3900 NORTHEAST 3RD AVENUE
POMPANO BEACH FL 33064-3530

FILED

00 JUN -1 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

432 SW 10th CT
Suite, Apt. #, etc.

3. Mailing Address

3900 NE 3 AVE
Suite, Apt. #, etc.

City & State

Deerfield Bch FL

City & State

Pompano Bch FL

4. FEI Number

62-0888195

Applied For

Not Applicable

Zip

33444

Country

B

Zip

33064

Country

B

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 PSTD ☐ Delete
NAME SAINT-HILAIRE, IDONEL
STREET ADDRESS 3900 NORTHEAST 3RD AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D ☐ Delete
NAME SAINT-HILAIRE, SONA
STREET ADDRESS 3900 NORTHEAST 3RD AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D ☒ Delete
NAME BRUCIUS, GENEL
STREET ADDRESS 3900 NORTHEAST 3RD AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003299523--2
CITY-ST-ZIP -06/21/00--01090--010
*****51.25 *****51.25

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

TITLE D ☐ Change ☐ Addition
NAME Marc F. Exana
STREET ADDRESS 3900 Northeast 3rd Ave
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE D ☐ Change ☒ Addition
NAME INOCENT Alexandre
STREET ADDRESS 3900 Northeast 3rd Ave
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE ☐ Change ☐ Addition
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 #

CR2E037 (9/99)