

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91294 044 \*\*\*\*61.25

000117

**DOCUMENT # N99000001384**

1. Entity Name

**EGLISE DU NOUVEAU TESTAMENT, INC.**

Principal Place of Business

1110 N.W. 126TH ST  
 NORTH MIAMI FL 33168

Mailing Address

1110 N.W. 126TH ST  
 NORTH MIAMI FL 33168

2. Principal Place of Business

**281 N.W. 79 St**

Suite, Apt. #, etc.

**MIAMI - FL - 33150**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Country

4. FEI Number

**APPLIED FOR**

**65-1055205**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAUX, SIMON**  
 1110 N.W. 126TH ST  
 NORTH MIAMI FL 33168

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 **DAUX, SIMON**  
 STREET ADDRESS **1110 N.W. 126TH ST**  
 CITY-ST-ZIP **NORTH MIAMI FL 33168**

TITLE **VPD**  Delete  
 NAME **DAUX, CARMEN**  
 STREET ADDRESS **1110 N.W. 126TH ST**  
 CITY-ST-ZIP **NORTH MIAMI FL 33168**

TITLE **STD**  Delete  
 NAME **JOSEPH, OSTHENE**  
 STREET ADDRESS **12155 N.E. MIAMI CT**  
 CITY-ST-ZIP **NORTH MIAMI FL 33163**

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  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  Change  Addition  
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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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-3-01**

Date

Daytime Phone #

CR2E037 (10/00)