

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NA9000004834**
 1. Entity Name
EGLISE DE DIEU PRIMITIVE DE LA NOUVELLE JERUSALEM

Principal Place of Business Mailing Address
308 N.W 1ST AVENUE DELRAY BEACH, FL 33444 **SAME**

2. Principal Place of Business 3. Mailing Address
308 N.W 1ST Avenue **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Delray Beach, Florida
33444 Country **USA** Zip Country

FILED
00 MAR 27 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
 DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0912512** Applied For. Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OSIAS DERILUS
3555 HARLOWE AVENUE
BOYNTON BEACH, FL 33436
Notary Public, State of Florida
My comm. exp. June 20, 2003
Comm. No. CC845168

7. Name and Address of New Registered Agent
 Name **N/A**
 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 *Osias Derilus* DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$160.00 6/20
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D Dieujuste, HARRY
STREET ADDRESS	308 NW 1st Ave
CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	<input type="checkbox"/> Delete
NAME	SD Dieujuste, Marie e.
STREET ADDRESS	308 N.W. 1st Ave
CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	<input type="checkbox"/> Delete
NAME	D EMILCAR, Sonthorax
STREET ADDRESS	713 SE 3RD AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	<input type="checkbox"/> Delete
NAME	TD MERCI, MIRADIEU
STREET ADDRESS	3400 N. DIXIE HWY
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> Delete
NAME	Duberisse, Rubens
STREET ADDRESS	211 SW 12th Ct
CITY-ST-ZIP	Deerfield BEACH, FL 3344
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO Change
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO Change
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO Change
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO Change
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RUBENS M. LOBERISSO** **954 421 9575**
Dieujuste Harry **564 278 8073**