

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State


03-06-2002 90015 018 ****70.00

DOCUMENT # N99000004834
 1. Entity Name
**EGLISE DE DIEU PRIMITIVE DE LA NOUVELLE JERUSALE
 M, INC.**

| | |
|---|---|
| Principal Place of Business 308 NW 1ST AVENUE DELRAY BEACH FL 33444 | Mailing Address 308 NW 1ST AVENUE DELRAY BEACH FL 33444 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business SAME AS THE ABOVE Suite, Apt. #, etc. | 3. Mailing Address SAME AS THE ABOVE Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

J U I 0 0 0



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DERILUS, OSIAS
3555 HARLOWE AVE.
BOYNTON BCH FL 33436

| | |
|--|--|
| 4. FEI Number 65-0912512 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 7. Name and Address of New Registered Agent | |
| Name SAME | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | 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** *Osias Derilus* **02-22-2002**
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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---------------------------------|--|------------------------------------|--|

10. EXISTING OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | DIEUJUSTE, HARRY | |
| STREET ADDRESS | 308 NW 1ST AVE. | |
| CITY-ST-ZIP | DELRAY BCH FL 33444 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DIEUJUSTE, MARIE C | |
| STREET ADDRESS | 308 NW 1ST AVE. | |
| CITY-ST-ZIP | DELRAY BCH FL 33444 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EMILCAR, SONTHONAX | |
| STREET ADDRESS | 713 SE 3RD AVE. | |
| CITY-ST-ZIP | DELRAY BCH FL 33444 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MERCI, MIRADIEU | |
| STREET ADDRESS | 3400 N. DIXIE HWY. | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LUBERISSE, RUBENS M | |
| STREET ADDRESS | 711 SW 12TH CT. | |
| CITY-ST-ZIP | DEERFIELD BCH FL 33441 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| 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: *Rubens M. Luberrisse* **02-22-2002**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)