

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004866

1. Entity Name

JEUNE JESUS MIRALCE, INC.

Principal Place of Business

6985 NW 2ND AVENUE
MIAMI FL 33150

Mailing Address

6985 NW 2ND AVENUE
MIAMI FL 33150-4005

FILED

00 MAR 10 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0941813

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL | Zip Code

BOUCHETTE, MARIE J
1375 NW 12TH STREET
MIAMI FL 33167

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
PD	BOUCHETTE, MARIA J 1375 NW 127TH STREET MIAMI FL 33167		
VTD	BOUCHETTE, MARIA J 1125 NW 128TH TERRACE MIAMI FL 33167		
SD	ALCINDOR, MARIE ANGE 3441 NW BROADMANOR RD MIAMI FL 33147		
D	BAPTISTE, ANITA JEAN 1375 NW 127TH STREET MIAMI FL 33167		
D	CHARITE, MARJORIE 133 N.E.187TH STREET MIAMI FL 33167		
D	JEANTILUS, CLEIMENT S 6985 NW 2ND AVENUE MIAMI FL 33150		
			HENRIKES JUSME 1125 NW 128TH TERRACE MIAMI 100386178171--8 -03/21/00-01084-010 *****70.00 *****70.00
			LS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000

Date

Daytime Phone #