


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90080 045 ****70.00

DOCUMENT # N99000004866

1. Entity Name
JEUNE JESUS MIRALCE, INC.



Principal Place of Business Mailing Address
P.O. BOX 681965 **P.O. BOX 681965**
MIAMI FL 33168 **MIAMI FL 33168**
US **US**

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 **65-0941873** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOUCHETTE, MARIA J	
STREET ADDRESS	1375 NW 127TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LOUIS, NICOLE J	
STREET ADDRESS	21211 NE 2 AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALCINDOR, MARIE ANGE	
STREET ADDRESS	3441 NW BROADMANOR RD	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAPTISTE, ANITA JEAN	
STREET ADDRESS	1375 NW 127TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUCHETTE, KIMBERLY	
STREET ADDRESS	1375 NW 127 ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEANTILUS, CLEIMENT S	
STREET ADDRESS	6985 NW 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33150	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **1-17-03**

CR2E037 (10/02)