

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 754899**

1. Entity Name

**HAITIAN EVANGELICAL BAPTIST CHURCH, INC.**

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**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90004 025 \*\*\*\*70.00

Principal Place of Business <b>800 NW 14TH STREET MIAMI FL 33136 US</b>	Mailing Address <b>PO BOX 694970 MIAMI FL 33269-1970</b>
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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 <b>94-3086686</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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**6. Name and Address of Current Registered Agent**

**THONY, FERNALD**  
**1624 NE 151ST ST**  
**N MIAMI FL 33162**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <b>MOISE, JEAN C</b> <b>10804 NW 2ND AVE.</b> <b>MIAMI FL 33168</b>	<input type="checkbox"/> Delete
TITLE	<b>V</b> <b>HYPPOLITE, JONATHAN</b> <b>7624 DILDO BLVD</b> <b>MITAMAR FL 33025</b>	<input type="checkbox"/> Delete
TITLE	<b>T</b> <b>JEAN, LUC</b> <b>551 NW 183RD TERRACE</b> <b>MIAMI FL 33169</b>	<input type="checkbox"/> Delete
TITLE	<b>SD</b> <b>EUGENE, FRANTZ D</b> <b>16801 NE 14TH AVE 105</b> <b>N MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete
TITLE	<b>M</b> <b>CALIXTA, HAROLD</b> <b>6729 CAMELIA DRIVE</b> <b>MIRAMAR FL 33025</b>	<input type="checkbox"/> Delete
TITLE	<b>D</b> <b>DARIUS, CAROL A</b> <b>8801 N CRESCENT DR</b> <b>MIRAMAR FL 33025</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>C</b> <b>Calixte, Nancy</b> <b>6729 Camelia Drive</b> <b>Miramar, FL 33025</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *Eugene Frantz D* **Eugene** 6/11/00 (305) 945-4710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR. 1 (06/99)