

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90099 046 ****66.25

DOCUMENT # N51016

1. Entity Name

SION HAITIAN BAPTIST EVANGELICAL CHURCH, INC.

Principal Place of Business

Mailing Address

**NW 111 ST
 MIAMI FL 33168
 US**

**820 NE 139 STREET
 MIAMI FL 33161
 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

65-0832291

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELLEVUE, DESIUS
 7404 NE BISCAYNE BLVD
 MIAMI FL 33128**

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUIRAND, DURANTEN REV	
STREET ADDRESS	820 N.E. 139 STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GUIRAND, RAYMONDE	
STREET ADDRESS	820 N.E. 139 STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONDESIR, EDNER	
STREET ADDRESS	18845 NE MIAMI CT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELLEVUE, DESIUS	
STREET ADDRESS	860 N.E. 178 TER.	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Desius Bellevue* **2/2/02** **305)899-8741**

CR2E037 (9/01)