

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005389**

1. Entity Name

MOUNT HOREB HAITIAN EVANGELIC CHURCH, INC. OF TH

Principal Place of Business

1251 NW 31ST AVENUE
FT. LAUDERDALE FL 33311

Mailing Address

P.O. BOX 23900
FT. LAUDERDALE FL 33307-3900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DUVRA, IVALIER
2024 NW 12 AVE
FT. LAUDERDALE FL 33311

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DUVRA, IVALIER**
STREET ADDRESS **2024 NW 12TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**TITLE **CD** ☒ Delete
NAME **ANTENOR, SINOUS**
STREET ADDRESS **2734 SW 4TH CT.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**TITLE **S** ☒ Delete
NAME **NOEL, ERICA**
STREET ADDRESS **422 SW 27 TER**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**TITLE **T** ☒ Delete
NAME **JOSEPH, JESUS F**
STREET ADDRESS **2033 NW 10TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**TITLE **MD** ☒ Delete
NAME **MEME, WILNER**
STREET ADDRESS **835 NE 14TH CT., APT 4**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**TITLE **M** ☒ Delete
NAME **DUFRESNE, GERARD**
STREET ADDRESS **1080 NW 21ST ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☐ Change ☒ Addition
NAME **MARIE-EDRICE PASCAL**
STREET ADDRESS **2113 NW 12 AVE**
CITY-ST-ZIP **Fort-Lauderdale Florida 33311**TITLE **M** ☐ Change ☒ Addition
NAME **JULIEN-ALBERT GARCON**
STREET ADDRESS **1713 SW 11 CT**
CITY-ST-ZIP **Fort-Lauderdale Florida 33312**TITLE **T** ☐ Change ☒ Addition
NAME **Genita Joseph**
STREET ADDRESS **4420 NW 36 ST**
CITY-ST-ZIP **Lauderdale Lakes FL 33314**TITLE **M** ☒ Change ☐ Addition
NAME **Antenor, Sinous**
STREET ADDRESS **2734 SW 4 CT**
CITY-ST-ZIP **Fort-Land Florida 33312**TITLE ☐ Change ☐ 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: IVALIER DUVRA IVALIER DUVRA 01-25-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90019 001 *****8.75

J 100030



DO NOT WRITE IN THIS SPACE