

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90223 030 ****70.12

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

00010471



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2861 NW 19 Street

3. Mailing Address

P.O. Box 23900

Suite, Apt. #, etc.

Church Building

Suite, Apt. #, etc.

City & State

Fort-Lauderdale Florida

City & State

Fort-Lauderdale Florida

4. FEI Number

65-0704712

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

33307

Country

Broward

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

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 DUVRA, IVALIER

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

2024 NW 12 AVE

City Fort-Lauderdale

FL

Zip Code 33311

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 DUVRA, IVALIER, President

JANUARY 15th 2001

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

TITLE	D	☐ Delete
NAME	DUVRA, IVALIER	
STREET ADDRESS	2024 NW 12TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	M	☒ Delete
NAME	ANTENOR, SINOUS	
STREET ADDRESS	2734 SW 4TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	CD	☐ Delete
NAME	PASCAL, MARIE E	
STREET ADDRESS	2113 NW 12 AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	M	☒ Delete
NAME	GARCON, JULIEN A	
STREET ADDRESS	1713 SW 11 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	T	☐ Delete
NAME	GENITA, JOSEPH	
STREET ADDRESS	4420 NW 36 ST	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33314	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☐ Addition
NAME	DUVRA, IVALIER	
STREET ADDRESS	2024 NW 12th AVE	
CITY-ST-ZIP	Fort-Lauderdale Florida 33311	
TITLE	CD	☐ Change ☒ Addition
NAME	FORESTAL, chanoine	
STREET ADDRESS	727 North Andrews Ave	
CITY-ST-ZIP	Fort-Lauderdale 33311	
TITLE	T	☒ Change ☒ Addition
NAME	Venitase michel	
STREET ADDRESS	406 NW 16 Street	
CITY-ST-ZIP	Fort-Lauderdale Florida 33311	
TITLE	M	☒ Change ☐ Addition
NAME	DUVRA, MARIE-Edce	
STREET ADDRESS	2024 NW 12 AVE	
CITY-ST-ZIP	Fort-Lauderdale Florida 33311	
TITLE	M	☒ Change ☐ Addition
NAME	Joseph Genita	
STREET ADDRESS	10701 NW 28th PL.	
CITY-ST-ZIP	Sun Rise Florida 33314	
TITLE	M	☐ Change ☒ Addition
NAME	Noel Leona	
STREET ADDRESS	785 W. EVANSTON Circle	
CITY-ST-ZIP	FORT-Lauderdale Florida 33312	

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: J. Ivalier DUVRA, IVALIER

01-15-01

(954) 303-5940
(954) 583-2275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)