

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N99000001341

1. Entity Name

EL BETHEL MISSIONARY CORP.

FILED
May 01, 2000 8:00 am
Secretary of State

02-15-2000 90037 026 ****61.25

Principal Place of Business

3681 NW 29 STREET
LAUDERDALE LAKES FL 33311

Mailing Address

3681 NW 29 STREET
LAUDERDALE LAKES FL 33311-1846

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

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LAMBERT, CLEOMIE
3681 NW 29 STREET
LAUDERDALE LAKES 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 \$61.25**

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	Director and President	<input type="checkbox"/> Delete
NAME	Cleomie Lambert	
STREET ADDRESS	3681 NW 29 St.	
CITY-ST-ZIP	Laud Lakes FL 33311	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Pierre Douze	
STREET ADDRESS	1881 W Oakland Park	
CITY-ST-ZIP	Laud Lakes FL 33311	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Carl Constant	
STREET ADDRESS	6713 W 8th	
CITY-ST-ZIP	Margate FL 33068	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Michelet Pierre-Paul	
STREET ADDRESS	416 N.W. 4th	
CITY-ST-ZIP	Damp FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cleomie Lambert 2-2-00 (954) 537-2229

CR2E037 (9/99)