

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754899

1. Entity Name

HAITIAN EVANGELICAL BAPTIST CHURCH, INC.

(R)

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

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

Principal Place of Business

Mailing Address

800 NW 14TH STREET
MIAMI FL 33136
US

PO BOX 694970
MIAMI FL 33269-1970

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

94-3086686

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 ☐ Delete
NAME P
STREET ADDRESS MOISE, JEAN C
CITY-ST-ZIP 10804 NW 2ND AVE.
MIAMI FL 33168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS HYPPOLITE, JONATHAN
CITY-ST-ZIP 7624 DILDO BLVD
MITAMAR FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS JEAN, LUC
CITY-ST-ZIP 551 NW 183RD TERRACE
MIAMI FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS EUGENE, FRANTZ D
CITY-ST-ZIP 16801 NE 14TH AVE 105
N MIAMI BEACH FL 33162

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME M
STREET ADDRESS CALIXTA, HAROLD
CITY-ST-ZIP 6729 CAMELIA DRIVE
MIRAMAR FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS DARIUS, CAROL A
CITY-ST-ZIP 8801 N CRESCENT DR
MIRAMAR FL 33025

TITLE ☒ Change ☒ Addition
NAME C
STREET ADDRESS Calixte, Nancy
CITY-ST-ZIP 6729 Camelia Drive
Miramar, FL 33025

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: *Frantz D Eugene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/00

Date

(305) 945-4710

Daytime Phone #

CR. 1 (1/7) (5-0-99)