

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754899

1. Entity Name

HAITIAN EVANGELICAL BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

800 NW 14TH STREET
MIAMI FL 33136
US

PO BOX 694970
MIAMI FL 33269

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

DO NOT WRITE IN THIS SPACE



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

16801 NE 14 Ave # 105
North 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
After September 12, 2001, min. will be \$236.25

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

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

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

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

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

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

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

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

TITLE M
NAME CALIXTA, HAROLD
STREET ADDRESS 8729 CAMELIA DRIVE
CITY-ST-ZIP MIRAMAR FL 33025 ☐ Delete

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

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

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

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: Jonathan Hypolite / Jonathan Hypolite

7/31/01 (959) 966-2940

CR2E037 (5/01)