

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750855

1. Entity Name

EGLISE EVANGELIQUE BAPTISTE DE BETHLHEEM, INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90004 039 \*\*\*\*75.00

Principal Place of Business

6534 NW 7TH AVE  
MIAMI FL 33169  
US

Mailing Address

920 NW 179TH ST  
MIAMI FL 33169

2. Principal Place of Business

*SAME*

3. Mailing Address

*no change*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2221437

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JEAN-LOUIS, JULES REV  
920-NW 179TH ST  
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

*no change*

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.

*no change*

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 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JEAN-LOUIS, JULES REV	
STREET ADDRESS	920 NW 179TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JEAN-BAPTISTE, CHRISTINE	
STREET ADDRESS	920 NW 179TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FREYCINET, RITA	
STREET ADDRESS	1731 NW 170 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BANKS, FLORIANE	
STREET ADDRESS	3305 GARNET ROAD	
CITY-ST-ZIP	MIAMI FL	
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	<i>no change</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>no change</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>no change</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>no change</i>	
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:

*Christine JEAN-BAPTISTE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/14/00* Daytime Phone # *305 651-2709*

CR2E037 (5/00)