

2000 UNIFORM BUSINESS REPORT (UBR)

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

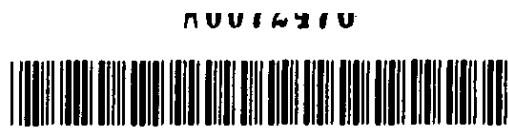
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DOCUMENT # 750855

1. Entity Name P
EGLISE EVANGELIQUE BAPTISTE DE BETHLEEM, INC.

Principal Place of Business 6534 NW 7TH AVE MIAMI FL 33169 US	Mailing Address 920 NW 179TH ST MIAMI FL 33169
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2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>no change</i>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD JEAN-LOUIS, JULES REV 920 NW 179TH ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VD JEAN-BAPTISTE, CHRISTINE 920 NW 179TH ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD FREYCINET, RITA 1731 NW 170 TERR MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD BANKS, FLORIANE 3305 GARNET ROAD MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Christine JEAN-BAPTISTE* (305) 651-2709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/14/00** Daytime Phone #

CR2E037 (5/00)