

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 750855**

1. Entity Name

EGLISE EVANGELIQUE BAPTISTE DE BETHLEHEM, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90218 002 ****75.00

0008547

Principal Place of Business

6534 NW 7TH AVE
MIAMI FL 33169
US

Mailing Address

920 NW 179TH ST
MIAMI FL 33169

80135099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2221437**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 ☐ Delete**PD**
JEAN-LOUIS, JULES REV
920 NW 179TH ST
MIAMI FLTITLE ☐ Delete**VD**
JEAN-BAPTISTE, CHRISTINE
920 NW 179TH ST
MIAMI FLTITLE ☐ Delete**TD**
FREYCINET, RITA
1731 NW 170 TERR
MIAMI FLTITLE ☐ Delete**SD**
BANKS, FLORIANE
3305 GARNET ROAD
MIAMI FLTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:

S. N. Baptiste
Christina Jean-Baptiste

CR2E037 (4/02)