

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90049 048 \*\*\*\*61.25

**DOCUMENT # 751911**

1. Entity Name

**HAITIAN-GOSPEL EVANGELICAL CHURCH, INC.**

Principal Place of Business

131 NE 9 ST  
 HAITIAN GOSPEL CHURCH  
 POMPANO BEACH FL 33061  
 US

Mailing Address

610 SOUTHWEST 30TH AVENUE  
 FORT LAUDERDALE FL 33312  
 US

2. Principal Place of Business

**HAITIAN G. Church**

3. Mailing Address

**610 SW 30 AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**131 NE 9 ST Pompano**

**FTL FLA 33312**

City & State

City & State

**B-FLA**

City & State

Zip

Zip

Country

Country

**33061**

**33312**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**05-4482519**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JEAN, MARCEL REV**  
**610 SW 30 AVE**  
**FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **610 SW 30 AVE Same as above**

Street Address (P.O. Box Number is Not Acceptable)

**FTL FLA**

**33312**

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

**MARCEL JEAN**

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

TITLE **PD** ☐ Delete

NAME **JEAN, MARCEL REV**  
 STREET ADDRESS **610 S. W. 30 AVE.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **VD** ☐ Delete

NAME **SILME, FRANCOIS PAS**  
 STREET ADDRESS **1321 NE 41ST DR**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **SD** ☐ Delete

NAME **JEAN, MORCEAU**  
 STREET ADDRESS **151 NORTHEAST 17TH COURT**  
 CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE **S** ☐ Delete

NAME **JEAN, MARCEL PASTOR**  
 STREET ADDRESS **610 SW 30TH AVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME **Marcel Jean**  
 STREET ADDRESS **610 SW 30 AVE FTL FLA 33312**

TITLE ☐ Change ☐ Addition

NAME **+Francis Silme**  
 STREET ADDRESS **1321 NE 41 Drive Pompano FL 33064**

TITLE ☐ Change ☐ Addition

NAME **+ Jean Morceau**  
 STREET ADDRESS **151 N.E. 17th ct**  
 CITY-ST-ZIP **POMP B FLA 33060**

TITLE ☐ Change ☐ Addition

NAME **Marcel Jean Pastor**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marcel Jean Pastor**

Date

Daytime Phone #

CR2E037 (9/01)