

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-16-2000 90121 004 ***61.25

DOCUMENT # 763452

1. Entity Name

HAITIAN BAPTIST CHURCH OF MIAMI, INC.

R

Principal Place of Business

~~8240 N.E. 2ND AVENUE
 STE-201
 MIAMI FL 33138
 US~~

*142 50 N. Mia Ave
 Mia. Fl. 33168*

Mailing Address

~~8840 N.E. 2ND AVENUE
 STE-201
 MIAMI FL 33138-3807
 US~~

*P.O. Box 530155
 Mia. shores
 Mia. Fl. 33153-0155*

2. Principal Place of Business

142 50 N Miami Ave

3. Mailing Address

P.O. Box 530155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami Shores

City & State

Miami, FLORIDA

City & State

Miami, FLORIDA

4. FEI Number

65-0035730

Applied For

Not Applicable

Zip

33168

Country

USA

Zip

33153

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Rev. J. Mompremier
 GUERRIER, LOUIS BERONE
 88 NW 85TH STREET
 MIAMI FL 33150
 P.O. Box 530155
 Mia. shores
 Mia. Fl. 33153*

Name *JACQUES MOMPREMIER*

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

325 NE. 110 Terrace

City *Miami*

FL

Zip Code *33161*

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

JACQUES MOMPREMIER

Rev. J. Mompremier

06-01-02

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

(NOTE: Registered Agent signature required when re-registering)

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	<input type="checkbox"/> Delete
NAME	GREGOIRE, PIERRE	
STREET ADDRESS	133 NE 54 ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GUERRIER, BERONE L	
STREET ADDRESS	88 NW 85TH STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SEVERE, MICHEL	
STREET ADDRESS	471 NE 83 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARC, LEONEL	
STREET ADDRESS	433 NW 75 STREET	
ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELZAIRE, NICK	
STREET ADDRESS	88 NW 85TH STREET	
ST-ZIP	MIAMI FL 33150	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, ANTOINE	
STREET ADDRESS	62 NE 71 STREET	
ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>60</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Jacques Mompremier</i>	
STREET ADDRESS	<i>325 NE. 110th Terr. (Rev)</i>	
CITY-ST-ZIP	<i>Mia. Fla. 33161</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>V.P. Rev. L. Smith</i>	
STREET ADDRESS	<i>142 50 N. Mia Ave.</i>	
CITY-ST-ZIP	<i>Mia. Fl. 33168</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>CRVILL A. W. TSONI</i>	
STREET ADDRESS	<i>3034 N.W. 195 Terr.</i>	
CITY-ST-ZIP	<i>Mia. Fl. 33056</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Elaine Williams</i>	
STREET ADDRESS	<i>7110 N.W. 105th Terr. #605</i>	
CITY-ST-ZIP	<i>Mia. Fla. 33015</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>T. Georges Charlmagne</i>	
STREET ADDRESS	<i>14701 N.W. 3rd Ave.</i>	
CITY-ST-ZIP	<i>Mia. Fl. 33168</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Raymond W. Wilkinson</i>	
STREET ADDRESS	<i>14710 S. SPUR DR</i>	
CITY-ST-ZIP	<i>Mia. Fl. 33161</i>	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 to this address, with all other like empowered.

SIGNATURE:

Rev. J. Mompremier

Rev. Jacques Mompremier

Date

Daytime Phone #

CR2E037 (9/99)