

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90275 031 \*\*\*61.25

**DOCUMENT # N00000002360**

1. Entity Name

**EGLISE EVANGELIQUE BAPTISTE PAR LA FOI, INC.**

Principal Place of Business

Mailing Address

**1231 NORTHEAST 158TH STREET  
 N MIAMI BEACH FL 33162**

**1231 NORTHEAST 158TH STREET  
 N MIAMI BEACH FL 33162**

2. Principal Place of Business

**1205 NW 54th Street**

3. Mailing Address

**1231 NE 158 St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**miami Florida**

City & State

**N Miami Beach FL**

Zip

**33127**

Country

**USA**

Zip

**33162**

Country

**USA**

4. FEI Number

**65-0999333**

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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.

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **OTHELO, WILBERT**  
 STREET ADDRESS **1231 NORTHEAST 158TH STREET**  
 CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ Change ☐ Addition  
 NAME **Raphael Brutus** ☒ Change ☒ Addition  
 STREET ADDRESS **1225 NW 130 St**  
 CITY-ST-ZIP **N Miami FL 33167**

TITLE **VD** ☒ Delete  
 NAME **DANTES, JOEL**  
 STREET ADDRESS **1231 NORTHEAST 158TH STREET**  
 CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE **VD** ☒ Change ☒ Addition  
 NAME **Elisnor Agenor**  
 STREET ADDRESS **148 St NE 57 St**  
 CITY-ST-ZIP **Miami FL 33137**

TITLE **SD** ☒ Delete  
 NAME **CELESTIN, TONY**  
 STREET ADDRESS **1231 NORTHEAST 158TH STREET**  
 CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE **SD** ☒ Change ☒ Addition  
 NAME **PIERRE, RAPHAEL J**  
 STREET ADDRESS **1231 NORTHEAST 158TH STREET**  
 CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ Delete  
 NAME **PIERRE, RAPHAEL J**  
 STREET ADDRESS **1231 NORTHEAST 158TH STREET**  
 CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ 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:

**Wilbert Othelo** **08-26-2002**

CR2E037 (9/01)