

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007534

1. Entity Name

MAHALALEEL EVANGELICAL CHURCH, INC.

Principal Place of Business

6151 MIRAMAR PARKWAY, #101  
MIRAMAR FL 33023

Mailing Address

6151 MIRAMAR PARKWAY, #101  
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MOGBO, CHUCK  
2800 W. OAKLAND PARK BOULEVARD  
SUITE #209  
OAKLAND PARK FL 33311

4. FEI Number

65-1061876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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.

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FRANCOIS, CERPHY  
700 N W 214TH STREET, #305  
MIAMI FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SMITH, MARIE  
6745 ROSE DRIVE  
MIRAMAR FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FRANCOIS, NICOLE  
700 N W 214TH STREET, #305  
MIAMI FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
DEBROSSE, PAULETTE B  
11780 S W 9TH COURT  
PEMBROKES PINES FL 33025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FENELON, SONY  
7531 FAIRWAY BOULEVARD  
MIRAMAR FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FENELON, FREDELIN  
7531 FAIRWAY BOULEVARD  
MIRAMAR FL 33023 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CERPHY, FRANCOIS  
← SAME ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CERPHY, NICOLE  
← SAME ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-2001 (954) 986-7754

Date

Daytime Phone #

CR2E037 (10/00)

0033401



DO NOT WRITE IN THIS SPACE