

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000007534**

1. Entity Name

**MAHALALEEL EVANGELICAL CHURCH, INC.**

Principal Place of Business

Mailing Address

6151 MIRAMAR PARKWAY, #101  
MIRAMAR FL 330236151 MIRAMAR PARKWAY, #101  
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1061876**

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

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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **CERPHY, FRANCOIS**  
CITY-ST-ZIP **700 N W 214TH STREET, #305**  
**MIAMI FL 33169**TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **SMITH, MARIE**  
CITY-ST-ZIP **6745 ROSE DRIVE**  
**MIRAMAR FL 33023**TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **CERPHY, NICOLE**  
CITY-ST-ZIP **700 N W 214TH STREET, #305**  
**MIAMI FL 33169**TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **DEBROSSE, PAULETTE B**  
CITY-ST-ZIP **11780 S W 9TH COURT**  
**PEMBROKES PINES FL 33025**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FENELON, SONY**  
CITY-ST-ZIP **7531 FAIRWAY BOULEVARD**  
**MIRAMAR FL 33023**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FENELON, FREDELIN**  
CITY-ST-ZIP **7531 FAIRWAY BOULEVARD**  
**MIRAMAR FL 33023**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: *Francois Cerphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/02

Date

(954) 986-1754

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)