

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90133 017 *****61.25

DOCUMENT # N00000008313

1. Entity Name

EGLISE BAPTISTE SAMARIE, INC



Principal Place of Business

**40842 NE 167 ST
N MIAMI BCH FL 33162**

Mailing Address

**40842 NE 167 ST
N MIAMI BCH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1067106**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALEXIS, RODIN
410 NE 160 TERR
MAIMI FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ALEXIS, RODIN**
STREET ADDRESS **410 NE 160 TERR**
CITY-ST-ZIP **MAIMI FL 33162**

TITLE **D** ☐ Delete
NAME **ST. FLEUR, CARSEL**
STREET ADDRESS **165 NE 128 TERR**
CITY-ST-ZIP **MAIMI FL 33161**

TITLE **D** ☐ Delete
NAME **INNOCENT, JERRY**
STREET ADDRESS **131 NW 77 ST**
CITY-ST-ZIP **MAIMI FL 33137**

TITLE **D** ☐ Delete
NAME **EUGENE, YOLENE**
STREET ADDRESS **335 NW 187 ST**
CITY-ST-ZIP **MAIMI FL 33169**

TITLE **D** ☐ Delete
NAME **PRADEL, FABOLON**
STREET ADDRESS **675 NW 144 ST**
CITY-ST-ZIP **MAIMI FL 33168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

Rodin alexis 3/31/03

CR2E037 (10/02)