

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90136 031 ***61.25

DOCUMENT # NO1000002178
 1. Entity Name
EGLISE BAPTISTE HAITIENNE MONT HOREB, INC.

Principal Place of Business Mailing Address
3012 PIEDMONT STREET **527 WEST PINE STREET**
ORLANDO FL 32805 **ORLANDO FL 32805**

2. Principal Place of Business 3. Mailing Address
3012 Piedmont st *3012 Piedmont st*
ORLANDO FL 32805 **ORLANDO FL 32805**

City & State City & State
ORLANDO FL **ORLANDO, Florida**

Zip Country Zip Country
32805 **ORANGE** **32805** **ORANGE**

4. FEI Number Applied For
59-3632843 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PIERRE, BELZAIRE
3012 PIEDMONT STREET
ORLANDO FL 32805

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 *Pierre Belzaire* DATE **02-10-2002**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | D | <input type="checkbox"/> Delete |
| NAME | JEAN-BAPTISTE, ERTICILE | |
| STREET ADDRESS | 1812 LISTONG DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32811 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LORQUEST, MARC ANDRE | |
| STREET ADDRESS | 1818 LISTONG DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32811 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PIERRE, BELZAIRE | |
| STREET ADDRESS | 3012 PIEDMONT STREET | |
| CITY-ST-ZIP | ORLANDO FL 32805 | |
| TITLE | <i>Belzaire Pierre</i> | <input type="checkbox"/> Delete |
| NAME | <i>3012 Piedmont street</i> | |
| STREET ADDRESS | <i>ORLANDO FL 32805</i> | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Pierre Belzaire* DATE: **02-10-2002** *(407)299-9701*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number

CR2E037 (9/01)