

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90103 013 \*\*\*\*61.25

DOCUMENT # **N01000002178**

1. Entity Name  
**EGLISE BAPTISTE HAITIENNE MONT HOREB, INC.**



Principal Place of Business

**527 WEST PINE STREET  
ORLANDO FL 32805**

Mailing Address

**3012 PIEDMONT STREET  
ORLANDO FL 32805**

**00017610**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**527 West Pine street  
Orlando FL 32805**

3. Mailing Address

**3012 Piedmont  
street Orlando FL 32805**

City & State

**Orlando Florida**

City & State

**Orlando FL**

4. FEI Number **59-3632843**

Applied For  
 Not Applicable

Zip **32805**

Country **USA**

Zip **32805**

Country **USA**

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

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 **Pierre BELZAIRE**  
Street Address (P.O. Box Number is Not Acceptable)  
**3012 Piedmont street**  
City **Orlando** FL Zip Code **32805**

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 **Pierre Belzaire**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-29-2003**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JEAN-BAPTISTE, ERMILE</b>	
STREET ADDRESS	<b>1812 LISTON DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LORQUEST, MARC ANDRE</b>	
STREET ADDRESS	<b>1818 LISTON DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>D/S - SID</b>	<input type="checkbox"/> Delete
NAME	<b>PIERRE, BELZAIRE</b>	
STREET ADDRESS	<b>3012 PIEDMONT STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Murat Metellus</b>	
STREET ADDRESS	<b>5254 Shacar Circle</b>	
CITY-ST-ZIP	<b>Orlando FL 32808</b>	
TITLE	<b>D/T - D/T or T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIE FELICIA LORQUET</b>	
STREET ADDRESS	<b>1818 LISTON DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ISRAEL BELZAIRE</b>	
STREET ADDRESS	<b>5125 VISTA LAGO DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
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** **1/29/2003 (407) 299-9701**

CR2E037 (10/02)