

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

03-22-2002 90016 014 ****61.25

DOCUMENT # NO1000003066

1. Entity Name

**EVANGELICAL BAPTIST INDEPENDENTE MISSION OF FURC
Y HATTI INC.**

Principal Place of Business

**3342 NW 69 STREET
FT LAUDERDALE FL 33309**

Mailing Address

**3342 NW 69 STREET
FT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1126197

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**THEOPHIN, FONTANE
2507 N ANDREWS AVE
FT LAUDERDALE FL 33311**

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 date 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RAYMOND, ELISEE	
STREET ADDRESS	3342 NW 69 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAYMOND, JOSUE	
STREET ADDRESS	3342 NW 69 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEAN, DAVILMAR	
STREET ADDRESS	3342 NW 69 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
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		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND ELISEE	
STREET ADDRESS	3342 NW 69 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND JOSUE	
STREET ADDRESS	3342 NW 69 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN DAVILMAR	
STREET ADDRESS	3342 NW 69 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
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: ELISEE RAYMOND REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/09/02

Daytime Phone #

CR2E037 (9/01)