

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90090 049 ****66.00

DOCUMENT # N01000003286

1. Entity Name

EGLISE BAPTISTE DE BERE, INC.

Principal Place of Business

Mailing Address

12546 N.W. 7TH AVENUE
 MIAMI FL 33168

12546 N.W. 7TH AVENUE
 MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

12546 N.W. 7th Ave
 Suite, Apt. #, etc.

1120 N.W. 141ST
 Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33168

Country

MIAMIDADE

Zip

33168

Country

MIAMIDADE

6. Name and Address of Current Registered Agent

AIME, WISNEL FILS
 12546 N.W. 7TH AVENUE
 MIAMI FL 33168

4. FEI Number

22-3856528

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name
 Rev. Wisnel Fils Aime
 Street Address (P.O. Box Number is Not Acceptable)

1120 N.W. 141ST

City
 Miami

FL Zip Code
 33168

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

N/A

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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 PD ☐ Delete
 NAME FILS AIME, WISNEL
 STREET ADDRESS 1120 N W 141ST STREET
 CITY-ST-ZIP MIAMI FL 33150

TITLE SD ☐ Delete
 NAME FILS AIME, MARIE LETTIA
 STREET ADDRESS 1120 N W 141ST STREET
 CITY-ST-ZIP MIAMI FL 33150

TITLE TD ☐ Delete
 NAME DELIARD, JEAN
 STREET ADDRESS 845 N W 103RD STREET
 CITY-ST-ZIP MIAMI FL 33150

TITLE D ☐ Delete
 NAME TALUY, JEAN
 STREET ADDRESS 310 N E 164TH TERRACE
 CITY-ST-ZIP MIAMI FL 33168

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ATD ☐ Change ☐ Addition
 NAME VICTOR CLEOPHAR
 STREET ADDRESS 17101 N.E 14AVE #3 North
 CITY-ST-ZIP MIAMI 33168 FL

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Wisnel Fils Aime

08-05-02

(305) 687 9258

CR2E037 (4/02)