

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

FILED
Jul 25, 2003 8:00 am
Secretary of State

0006745

DOCUMENT # NO1000003286

1. Entity Name

EGLISE BAPTISTE DE BERE, INC.



07-25-2003 90095 006 ****75.00

Principal Place of Business

**12546 N.W. 7TH AVENUE
MIAMI FL 33168**

Mailing Address

**1120 NW 141 ST
MIAMI FL 33168**

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 **22-3856528**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FILSAIME, WISNEL REV.
1120 N 144 ST
MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name **WISNEL, FILSAIME, PASTOR**
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 *Wisnel Filsaime*

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME **PATRICK GERMAN**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

TITLE **ATD** ☐ Delete
NAME **CLEOPHAR, VICTOR**
STREET ADDRESS **17101 NE 14 AVE # 3 NORTH**
CITY-ST-ZIP **MIAMI FL 33162**

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

TITLE ☐ Delete
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 FILSAIME PASTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-14-2003

Date Daytime Phone #

CR2E037 (4/03)