

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # NO1000004710**

1. Entity Name

EMMANUEL HAITIAN CHRISTIAN COMMUNITY AGENCY, INC**FILED**
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90449 050 *****8.75

06-03-2002 91209 024 *****52.50

Principal Place of Business

Mailing Address

**7321 NE 2ND AVE.
MIAMI FL 33138****7321 NE 2ND AVE.
MIAMI FL 33138**

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

651126528

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**NZERIBE, RICHARD
160 NW 176 ST., STE. 200-4
MIAMI FL 33169**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS	7321 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE	Wilner Maxy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	7321 NE 2nd Ave.	
CITY-ST-ZIP	Miami FL 33138	

TITLE	D	<input type="checkbox"/> Delete
NAME	MONDE, ERODE	
STREET ADDRESS	7321 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE	Jacques M. Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	7321 NE 2nd Ave.	
CITY-ST-ZIP	Miami, FL 33138	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INMA, ANTOINE	
STREET ADDRESS	7321 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE	Elize Timothee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	7321 NE 2nd Ave.	
CITY-ST-ZIP	Miami FL 33138	

TITLE	T	<input type="checkbox"/> Delete
NAME	MARCELLUS, EMMANUEL	
STREET ADDRESS	7321 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	DELVA, VERNET	
STREET ADDRESS	7321 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)