

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005569

1. Entity Name

ASSOCIATION DES EGLISES ADVENTISTES HAITIENNES D
E LA FLORIDE INCORPORATED

Principal Place of Business

Mailing Address

4201 NE 2 AVE
MIAMI FL 33137
**74 NE 75th St
mia, Fl. 33138**

PO BOX 161696
ALTAMONTE SPRINGS FL 32716-1696

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

59-3710292
59-3710292

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

MONESTIME, JEAN-ALLAH
4201 NE 2 AVE
MIAMI FL 33137
**74 NE 75th St
mia, Fl. 33138**

Name **Jean Allah Monestime**

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

436 Los Altos Way #101

City **Altamonte Spgs** FL Zip Code **32714**

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 \$61.25

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

T ☐ Delete
NAME BERTRESSE, MOISES
STREET ADDRESS 4201 NE 2 AVE
CITY-ST-ZIP MIAMI FL 33137

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

T ☐ Delete
NAME BRISE, RAOLAND
STREET ADDRESS 4201 NE 2 AVE
CITY-ST-ZIP MIAMI FL 33137

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

T ☐ Delete
NAME JEAN, PIERRE O
STREET ADDRESS 4201 NE 2 AVE
CITY-ST-ZIP MIAMI FL 33137

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

T ☐ Delete
NAME MYRTIL, NATANAEL
STREET ADDRESS 4201 NE 2 AVE
CITY-ST-ZIP MIAMI FL 33137

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

P ☐ Delete
NAME MONESTIME, JEAN A
STREET ADDRESS 436 LOS ALTOS WAY #101
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

ST ☐ Delete
NAME LAURENT, ABNER
STREET ADDRESS 10291 SW 9 LN
CITY-ST-ZIP PEMBROKE PINES FL 33025

☐ Change ☐ Addition
TITLE
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 **JMones**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90010 002 ****75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

(407)
March 15th 2002 496-8243

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

Attachment of No. 0005569
80013260
DATE OF THIS NOTICE: 04-24-2001
NUMBER OF THIS NOTICE: CP 575 F
EMPLOYER IDENTIFICATION NUMBER: 59-3710292
FORM: SS-4
0716827436 0

ASSOCIATION DES EGLISES ADVENTISTES
% JEAN HALAH MONESTIMF PASTOR
PO BOX 161696
ALTAMONTE SPRINGS FL 33770

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3710292. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

ASSOCIATION DES EGLISES ADVENTISTES
HAITIENNES DELA FLORIDE
% JEAN HALAH MONESTIMF PASTOR
PO BOX 161696
ALTAMONTE SPRINGS FL 33770

If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.