

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


FILED
Apr 11, 2003 8:00 am
Secretary of State

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03-12-2003 90119 003 ****61.00
04-11-2003 90479 001 *****.25
04-11-2003 90479 002 *****8.75

DOCUMENT # N01000006394

1. Entity Name
EGLISE BAPTISTE HAITIENNE BEREE, INC.



Principal Place of Business Mailing Address
1155 NE 137TH #504A 1155 NE 137TH #504A
MIAMI FL 33161 MIAMI FL 33161

55024806



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-1116464** 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

JOSEPH, SAINT-LOUIS
1365 NE 143 ST
N MIAMI FL 33161

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE	P	<input type="checkbox"/> Delete
NAME	JOSEPH, SAINT-LOUIS	
STREET ADDRESS	1365 NE 143 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOUCARD, CHARLES	
STREET ADDRESS	1365 NE 143 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	C	<input type="checkbox"/> Delete
NAME	LIMA, PASCAL N	
STREET ADDRESS	1365 NE 143 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATHURIN, MARIE N	
STREET ADDRESS	1365 NE 143 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOUCARD, MARIE M	
STREET ADDRESS	1365 NE 143 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	J	<input type="checkbox"/> Delete
NAME	JOVIN, ONEL	
STREET ADDRESS	1365 NE 143 ST	
CITY-ST-ZIP	N MIAMI FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michel SEVERE	
STREET ADDRESS	1155 N.E. 137th St #418	
CITY-ST-ZIP	Miami, Florida 33161	
TITLE	J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUSANA JOSEPH	
STREET ADDRESS	1155 N.E. 137th St #504A	
CITY-ST-ZIP	Miami, Florida 33161	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CFR2037 (10/02)

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 Joseph Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR