

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90389 018 \*\*\*\*61.25

**DOCUMENT # N01000006931**

1. Entity Name

**EVANGELICAL FAITH MINISTRIES INTERNATIONAL, INC.**

Principal Place of Business

**1509 N E 5TH AVE  
 FT LAUDERDALE FL 33304**

Mailing Address

**1509 N E 5TH AVE  
 FT LAUDERDALE FL 33304**

2. Principal Place of Business

**1509 N.E. 5TH AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**1509 N.E. 5TH AVE**  
 Suite, Apt. #, etc.

City & State  
**FORT LAUD FL**

City & State  
**FORT LAUD FL**

4. FEI Number

**Employer ID 65-1144626**

Applied For

☐ Not Applicable

Zip  
**33304** Country  
**Broward**

Zip  
**33304** Country  
**Broward**

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

**JEAN, LUCIEN  
 1509 N E 5TH AVE  
 FT LAUDERDALE FL 33304**

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.

SIGNATURE

*Evangeliste Jean Lucien*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**02-3-02**

**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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP**  
**JEAN, LUCIEN**  
**1509 N E 5TH AVE**  
**FT LAUDERDALE FL 33304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**JEAN Lucien**  
**President**  
**1509 N.E. 5 Ave**  
**FT LAUDERDALE FL 33304** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DV**  
**JEAN, ROSELIE**  
**1509 N E 5TH AVE**  
**FT LAUDERDALE FL 33304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ROSELIE ST LOUIS Jean**  
**Vice President**  
**1509 N.E. 5 Ave**  
**FT LAUDERDALE FL 33304** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DST**  
**CLERMONT, HERONE C**  
**1509 N E 5TH AVE**  
**FT LAUDERDALE FL 33304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SECRETARY**  
**HERONE C CLERMONT**  
**1533 N.E. 1ST AVE**  
**FT LAUD FL 33304** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**MELUS, MEDICOEUR**  
**1509 N E 5TH AVE**  
**FT LAUDERDALE FL 33304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Melus MEDICOEUR**  
**1509 NE 5 Ave**  
**Fort Lauderdale FL 33304** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**JOSIAS, HYACINTHE P**  
**1509 N E 5TH AVE**  
**FT LAUDERDALE FL 33304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**[Signature]** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**ST FLEUR, ACEDA**  
**1509 N E 5TH AVE**  
**FT LAUDERDALE FL 33304** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST FLEUR ACEDA**  
**1509 NE 5 Ave**  
**Fort Lauderdale FL 33304** ☐ Change ☐ Addition

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: Evangeliste Jean Lucien**

**02-3-02 (974) 687-0271**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)