

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0000158

**DOCUMENT # NO1000008326**

1. Entity Name

**CHRISTIAN NEW VISION BAPTIST CHURCH OF FLORIDA I NC.**

03-29-2002 91069 001 \*\*\*\*61.25  
 03-29-2002 91069 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

6331 SW 35 CT.  
 MIRAMAR FL 33023

6331 SW 35 CT.  
 MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

915 NE 125 STREET  
 Suite, Apt. #, etc.  
 304

P.O. BOX 69-2986  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State MIAMI  
 FLORIDA

City & State MIAMI, FLORIDA

4. FEI Number  
 01-0566037

Applied For  
 Not Applicable

Zip  
 33161

Country  
 JADE

Zip  
 33269

Country  
 JADE

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

JACQUET, FENITON  
 6331 SW 35 CT.  
 MIRAMAR FL 33023

Name **Rev. FENITON JACQUET**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5805 WASHINGTON STREET # 19**  
 City **HOLLYWOOD, FL** Zip Code **33023**

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 Rev. FENITON JACQUET, Pastor Rev. Feniton Jacquet DATE 03-14-2002  
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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PIERRE, RONEL</b> <b>6331 SW 35 CT.</b> <b>MIRAMAR FL 33023</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEAUPLAN, VOLCY</b> <b>252 NE 108TH ST.</b> <b>MIAMI SHORES FL 33161</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIEUJUSTE, FERTIL F</b> <b>6600 NW 25 CT.</b> <b>SUNRISE FL 33313</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: FERTIL F DIEUJUSTE DATE: 03-14-02 DAYTIME PHONE #: 954-987-6459  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

*Attachment*

*# No/0000 08326*

**Christian New Vision Baptist Church Of Florida, Inc.**



**Eglise Baptiste Nouvelle Vision Chretienne de la Floride, Inc.**

"Where there is no vision, the people perish..." Proverbs 29:18

Rev. Feniton Jacquet, Th.M.  
Pastor

Dear Mr., Ms,

I would like to remind you that last year, I did send you an additional \$ 8.75 for the Certificate of status. But, unfortunately, you did not send it to me. Enclosed another additional amount of \$ 8.75 for that same certificate. I would be glad to have it. Thank you.

Very Truly yours,

*Rev. Feniton Jacquet*  
Rev. Feniton Jacquet, Pastor