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

DOCUMENT # N0200009108

EGLISE BAPTISTE HAITIENNE LA TRINITE, INC.



FILED Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90140 026 ****61.25

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Principal Plac	e of Business	3	Mailing Address		<u></u>						
6221 NW 14 CT. 6		6221 NW 14 CT. SUNRISE FL 33313				•	* · · ·				
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2. Principal P	lace of Busin	ess	3. Mailing Address								
3550	W.Dav	ie Blvd.	6221 N.W.	14 (Ct	()00111101 011 001		11:1 10:11: EVIIC 10:	8) ((8)) 88(181 (B)1 (B81	
Suite, Apt.		<u> </u>	Suite, Apt. #, etc.				HECK HERE IF	MAKING CHA	ANGES		
	Laude	rdale				_					
City & State	е	_	City & State			4. FEI Number			\vdash	plied For	
7:-	1	Florida	Sunrise,			11-366	55708	<u>^^</u>		t Applicable	
Zip 333	112	Country	Zip	1	untry	5. Certificate of Sta	atus Desired		75 Add Required		
333		U.S.A and Address of Current F	33313	يلي	S.A	7. Name and Addr	ess of New Rec				
	0				Name						
ELIZE, DAVID 6221 NW 14 CT.				Street Address			s (P.O. Box Number is Not Acceptable)				
	FL 33313						•				
	••				City			FL 2	Zip Code)	
8. The above	named entity	submits this statement for	the purpose of changing	its register	l red office or reai	stered agent, or both, in t	he State of Floric	da. I am familia	ar with, a	and accept	
	ions of regist		,	J					·	·	
SIGNATURE .	6	or printed name of registered agent ar		OTF: Di-t				DATE			
	Signatura, typed	or printed name of registered agent at	nd title it applicable. (I	OTE: Register	eo Agent signature rec	uired when reinstating)		DATE			
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FILE NOW: FEE IS \$61.25			I	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be		Check Pa			
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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: DELONEUSE RECDARDO ELIZE

4-5-03 (954)584-5044