

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N16094**

1. Entity Name

**EGLISE EVANGELIQUE BAPTISTE SALEM, INC.**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90198 036 \*\*\*\*61.25

Principal Place of Business 140 NW 79TH ST 266 N.E. 53 ST., #2 MIAMI FL 33137 US	Mailing Address 140 N.W. 79 STREET P.O. BOX 382129 MIAMI FL 33238-2129 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0139500</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**OLIBRICE, CEDEON M. REV.**  
**266 N.E. 53 STREET APT 4**  
**140 N.W. 79 ST. (MIAMI, FL 33150)**  
**MIAMI FL 33137**

**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.

SIGNATURE: *Cedon M. Olibrice, Pastor*

DATE: **2-24-2000**

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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>OLIBRICE, CEDEON M.</b>	
STREET ADDRESS	<b>266 N.E. 53 STR., #4</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETIT FRERE, JACQUES</b>	
STREET ADDRESS	<b>6430 NE 1 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOMPREMIER, ERNAND</b>	
STREET ADDRESS	<b>658 NE 87 ST., APT. 3</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEFFRARD, MICHELINE A</b>	
STREET ADDRESS	<b>2151 NE 67 ST., APT. 1</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FAUVETTE, TELUSMA</b>	
STREET ADDRESS	<b>285 N.W. 132 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HELEINE CANDIO, MARIE</b>	
STREET ADDRESS	<b>360 NE 55 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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	

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: *Cedon M. Olibrice*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2-24-2000** DAYTIME PHONE #: **305-756-0935**

CR2E037 (9/99)