

# 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0139500

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

7. Name and Address of New Registered Agent

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

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*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 305-756-0935

Daytime Phone #

CR2E037 (9/99)