2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90035 033 ****61.25

DOCUMENT # N16094

1. Entity Name

EGLISE EVANGELIQUE BAPTISTE SALEM, INC.

Principal Place of Business	Mailing Address
140 NW 79TH ST 266 N.E. 53 ST.. #2 MIAMI FL 33137 US	140 N.W. 79 STREET P.O. BOX 382129 MIAMI FL 33138 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0139500 ☐ Applied For ☐ Not Applicable

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 Cedeon M. Olibrice, Cedeon M. Olibrice 04-05-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLIBRICE,CEDEON M. 266 N.E. 53 STR., #4 MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETIT FRERE, JACQUES 6430 NE 1 CT MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOMPREMIER, ERNAND 658 NE 87 ST., APT. 3 MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEFFRARD, MICHELINE A 2151 NE 67 ST., APT. 1 MIAMI FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Richard Marie Junie 43 N.W. 85 street Miami, FL. 33127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FAUVETTE, TELUSMA 285 N.W. 132 STREET MIAMI FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Tima Sernitade 5519 N.W. 1 AVE Miami, FL. 33121
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HELEINE CANDIO, MARIE 360 NE 55 STREET MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Cedeon M. Olibrice REQUIRED Cedeon M. Olibrice 04-05-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #