

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90124 026 ****61.25

DOCUMENT # N16094

1. Entity Name
EGLISE EVANGELIQUE BAPTISTE SALEM, INC.



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 33138
US**

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

☐ CHECK HERE IF MAKING CHANGES



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 **Cedron M. Olibrice**
Street Address (P.O. Box Number is Not Acceptable)
500 N.E. 141 Street
Miami Florida 33161-3129
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Cedron M. Olibrice**

Signature, typed or printed name of registered agent and title if applicable.

Cedron M. Olibrice, Pastor

(NOTE: Registered Agent signature required when reinstating)

01-29, 03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OLIBRICE, CEDEON M.	
STREET ADDRESS	500 NE 141 STREET	
CITY-ST-ZIP	MIAMI FL 33161	
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	SELDIEN, RICHARD	
STREET ADDRESS	43 NW B 5 STREET	
CITY-ST-ZIP	MIAMI FL 33127	
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	

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: **Cedron M. Olibrice** **SIGNATURE REQUIRED**

01-29, 03

CR2E037 (10/02)