

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N31044**

1. Entity Name

**EGLISE EVANGELIQUE HAITIENNE SILOE, INC.**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90032 046 \*\*\*\*70.00

Principal Place of Business 1760 NW 38TH AVENUE LAUDERHILL FL 33311 US	Mailing Address PO BOX 5962 FT. LAUDERDALE FL 33310-5962
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>65-0127673</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**DOMINIQUE, MARC**  
**3440 N.W. 37TH STREET**  
**LAUDERDALE LAKES FL 33309**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOMINIQUE, MARC	
STREET ADDRESS	3440 NW 37TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOSEPH, WHAN S.	
STREET ADDRESS	5721 NW 15TH STREET	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLERVIL, DIEUJUSTE	
STREET ADDRESS	6595 BLVD OF CHAMPION	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JUSLAINE LOUIS	
STREET ADDRESS	511 SW 73RD AVENUE	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: Marc Dominique **REQUIR MARC. DOMINIQUE** 02-16-2000 (954) 733-5877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)