2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 06, 2001 8:00 am Secretary of State **DOCUMENT # N31044** EGLISE EVANGELIQUE HAITIENNE SILOE, INC. 08-06-2001 90005 004 ****70.00 Principal Place of Business Mailing Address 1760 NW 38TH AVENUE PO BOX 5962 LAUDERHILL FL 33311 FT. LAUDERDALE FL 33311-4117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0127673 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOMINIQUE, MARC 3440 N.W. 37TH STREET **LAUDERDALE LAKES FL 33309** City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DOMINIQUE, MARC NAME -.NAME STREET ADDRESS 3440 NW 37TH STREET STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition JOSEPH, WHAN S. NAME NAME STREET ADDRESS 5721 NW 15TH STREET STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CLERVIL, DIEUJUSTE NAME NAME STREET ADDRESS 6595 BLVD OF CHAMPION STREET ADDRESS CITY-ST-ZIP N LAUDERDALE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition JUSLAINE LOUIS NAME STREET ADDRESS 511 SW 73RD AVENUE STREET ADDRESS CITY-ST-7IP N LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City ST-ZIP 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

07-26-2001