2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 am Secretary of State **DOCUMENT # N31044** 1. Entity Name EGLISE EVANGELIQUE HAITIENNE SILOE, INC. 05-09-2002 90028 044 ****70.00 Mailing Address Principal Place of Business 1760 NW 38TH AVENUE PO BOX 5962 FT. LAUDERDALE FL 33311-4117 LAUDERHILL FL 33311 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 65-0127673 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOMINIQUE, MARC 3440 N.W. 37TH STREET LAUDENDALE LAKES FL 33309 Zip Code City 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 age Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)☐ Addition TITI F PD ☐ Delete TITLE DOMINIQUE, MARC NAME NAME STREET ADDRESS STREET ADDRESS 3440 NW 37TH STREET CITY-ST-ZIP CITY-ST-ZIP Lauderdale lakes fl ☐ Addition Change Delete TITLE VD TITLE JOSEPH, WHAN S. NAME STREET ADDRESS STREET ADDRESS 5721 NW 15TH STREET CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL. Change ☐ Addition ☐ Delete TITLE SD TITLE NAME CLERVIL. DIEUJUSTE NAME STREET ADDRESS STREET ADDRESS 6595 BLVD OF CHAMPION CITY-ST-ZIP CITY-ST-ZIP n lauderdale fl Change ■ Addition TD ☐ Delete TITLE NAME JUSLAINE LOUIS STREET ADDRESS STREET ADDRESS 511 SW 73RD AVENUE CITY-ST-ZIP CITY-ST-ZIP N LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

AKC DOMINIQUE Date

with all other like empowered

changed, or on an attachment with an address