

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N49283**
 1. Entity Name
Premier L'Eglise Pentecoste Haitian International, Inc.
First Haitian Pentecostal Church International, Inc.

Principal Place of Business Mailing Address
1533 S. Rio Grande Ave.
Orlando, FL 32805-4440

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

FILED
 00 OCT 17 AM 10:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

05/31/2000 90070.050 \$70.00
REINSTATEMENT 99-00
 DO NOT WRITE IN THIS SPACE
 07-29-99 90004 003 \$61.25
 4. FEI Number **59-3184284**
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
Aris Aris
1602 Bron Lee Ct.
Orlando, FL 32805

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 *aris aris* **5/14/00**
 X Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$81.25
 9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution:
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Aris Aris	1602 Bron Lee Ct.	Orlando, FL 32805	<input type="checkbox"/>
	Alide Jean	1602 Bron Lee Ct.	Orlando, FL 32805	<input type="checkbox"/>
	Mawel Jean	1712 West 27th street	Orlando, FL 32805	<input checked="" type="checkbox"/>
	Jeannette Jean	646 - 18 st Parramore	Orlando FL 32805 Ave	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED** **5/14/00** **(407) 422-3774**
 X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

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