

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

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90034 002 \*\*\*\*70.00

DOCUMENT # **N49283**

1. Entity Name  
**Premier L'Eglise Pentecotiste Haitian International, Inc.**  
**First Haitian Pentecostal Church International, Inc.**

**DO NOT WRITE IN THIS SPACE**

**425399**

2. Principal Place of Business  
**1533 S. Rio Grande Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1602 Bren Lee CT.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, FL**  
Zip  
**32805**  
Country  
**United States**

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4. FEI Number  
**59-31884284**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Anis Aris**  
Street Address (P.O. Box Number is Not Acceptable)  
**1602 Bren Lee CT.**  
City  
**Orlando** FL Zip Code  
**32805**

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 **Anis Aris**

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

(NOTE: Registered Agent signature required when reinstating)

**2-27-02**

DATE

**FEE IS \$61.25** ☒  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Anis Aris</b> <b>1602 Bren Lee CT.</b> <b>Orlando, FL 32805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Alide Jean</b> <b>1602 Bren Lee CT.</b> <b>Orlando, FL 32805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jeanette Jean</b> <b>648 W. 18th ST.</b> <b>Orlando, FL 32805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Anis Aris** **ANIS ARIS**

CR2E037B (12/01)