

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90140 028 ****75.00

DOCUMENT # N49471

1. Entity Name

UNITED HOUSE OF REFUGE, INC.



Principal Place of Business

**8410 NE 1ST PL
103
MIAMI FL 33138**

Mailing Address

**P.O. BOX 380306
MIAMI FL 33238**

2. Principal Place of Business

12385 NW 17 AVE

Suite, Apt. #, etc.

N- MIAMI FL

City & State
Florida

Zip

33167

Country

USA

3. Mailing Address

P.O. Box 380306

Suite, Apt. #, etc.

City & State
MIAMIA FLORIDA

Zip

33238

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0339775**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GEORGES, JEAN N REV.
12385 N.W. 17 AVENUE
MIAMI FL 33167**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D P** ☐ Delete
NAME **GEORGES, JEAN N REV.**
STREET ADDRESS **12385 N.W. 17 AVENUE**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **D VP** ☐ Delete
NAME **DORANZIL GEORGES, JULMENE**
STREET ADDRESS **12385 N.W. 17 AVENUE**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **T** ☐ Delete
NAME **JOSEPH, LUSANA**
STREET ADDRESS **289 N.W. 108 TERRACE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **Director / Chairman** ☐ Delete
NAME **Max Sautel-Moise**
STREET ADDRESS **1665 NE 83 Terr**
CITY-ST-ZIP **MIAMI FL 33138 (305) 758-9409**

TITLE **Director Secretary** ☐ Delete
NAME **Fritz Dorsanville**
STREET ADDRESS **12385 NW 17 Ave**
CITY-ST-ZIP **MIAMI FL 33238**

TITLE **Director** ☐ Delete
NAME **Joseph Abner Louis**
STREET ADDRESS **1051 NW 20th 212 Terr**
CITY-ST-ZIP **MIAMI FL 33179**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Marcelle Teudy**
STREET ADDRESS **805 NB 8th**
CITY-ST-ZIP **MIAMI FL 33138 (305) 751-2425**

TITLE **Director** ☐ Change ☐ Addition
NAME **Ketty Telcme**
STREET ADDRESS **259 NW 85th Street**
CITY-ST-ZIP **MIAMI FL 33150 (305) 759-4693**

TITLE **Director** ☐ Change ☒ Addition
NAME **Alexandre Louise**
STREET ADDRESS **1231 NE 14th Street**
CITY-ST-ZIP **MIAMI FL 33161 (305) 981-9184**

TITLE **Director / Treasurer** ☐ Change ☒ Addition
NAME **Mary Grina Cerenord**
STREET ADDRESS **8743 NB 5th Ave**
CITY-ST-ZIP **MIAMI FL 33138 (305) 758-8065**

TITLE **Director / Ass. Secretary** ☐ Change ☒ Addition
NAME **Jannette Bosse**
STREET ADDRESS **121530 NB 131 Street**
CITY-ST-ZIP **MIAMI FL 33161 (305) 891-3012**

TITLE **Director** ☐ Change ☒ Addition
NAME **Lina Brice**
STREET ADDRESS **8743 NE 4 Ave 2hede**
CITY-ST-ZIP **MIAMI FL 33138 (305) 758-8065**

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

02/19/03

CR2E037 (10/02)