

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90087 005 \*\*\*\*61.25

**DOCUMENT # N50553**

1. Entity Name

**EGLISE BAPTISTE HOREB-SILOE, INC.**

Principal Place of Business

Mailing Address

495 N.W. 191ST ST.  
 MIAMI FL 33169  
 US

3281 N.W. 173 TERRACE  
 MIAMI FL 33056-4244  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0357309**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERRE-LOUIS, AIBY  
 1385 N.E. 129TH STREET  
 NORTH MIAMI FL 33161

Name

**JEAN L. PETIT-FRERE**

Street Address (P.O. Box Number is Not Acceptable)

**3281 NW 173rd Terrace**

City

**OPALOCKA**

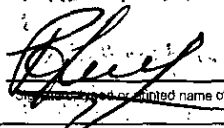
**FL**

Zip Code

**33056**

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



(Printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-8-2000**

**FILE NOW:  
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETIT-FRERE, JEAN LEFILS	
STREET ADDRESS	3281 NW 173 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETIT-FRERE, MAX L	
STREET ADDRESS	3281 NW 173RD TERR.	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILE, BERTIN	
STREET ADDRESS	440 NE 109 ST.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICLASS, PRECIUS	
STREET ADDRESS	2970 N.W. 174TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERRE-LOUIS, ALBY	
STREET ADDRESS	1385 NE 129 ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LOUIS, PANING P	
STREET ADDRESS	1385 NE 129 ST.	
CITY-ST-ZIP	N MIAMI FL 33161	

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

SIGNATURE  SIGNATURE REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**4-8-2000 (305) 625-4257**

Date

Daytime Phone #

CR2E037 (9/99)