

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000584

1. Entity Name

FIRST HAITIAN BAPTIST CHURCH OF N.M.B., INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90405 016 ****61.25

Principal Place of Business

15395 N. MIAMI AVE
NORTH MIAMI BEACH FL 33169
US

Mailing Address

15395 N. MIAMI AVE.
NORTH MIAMI BEACH FL 33169

2. Principal Place of Business

15395 N. MIAMI AVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI FL.

City & State

N. MIAMI FL.

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

65-0375062

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAROSE, NERVA
960 NE 155 ST
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name LAROSE, NERVA

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

960 NE 155 ST

City

N. MIAMI BEACH

FL

Zip Code

33162

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

Nerva Larose

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

(NOTE: Registered Agent signature required when reinstating)

5-8-01

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JULIEN, RONEL REV.
STREET ADDRESS 960 NE 160 ST
CITY-ST-ZIP MIAMI FL 33162

TITLE VD ☐ Delete
NAME JULIEN, FRANCE
STREET ADDRESS 960 NE 160 ST
CITY-ST-ZIP MIAMI FL 33162

TITLE D ☐ Delete
NAME JOSEPH, COEURCIVIL
STREET ADDRESS 1352 N.E. 149TH STREET
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE TD ☐ Delete
NAME TOUSSAINT, ROSELENE
STREET ADDRESS 1580 N.E. 161ST STREET
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

5/8/01 (305) 945-7311

CR2E037 (10/00)