

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90699 031 \*\*\*\*61.25

**DOCUMENT # N92000000584**

1. Entity Name

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

Principal Place of Business

Mailing Address

15395 N. MIAMI AVE  
 NORTH MIAMI BEACH FL 33169  
 US

15395 N. MIAMI AVE.  
 NORTH MIAMI BEACH FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **650375062**  
**APPLIED FOR**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

*Nerwa Larose*

*5/15/02*

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD JULIEN, RONEL REV.	<input type="checkbox"/> Delete
STREET ADDRESS	960 NE 160 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE NAME	VD JULIEN, FRANCE	<input type="checkbox"/> Delete
STREET ADDRESS	960 NE 160 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE NAME	D JOSEPH, COEURCIVIL	<input type="checkbox"/> Delete
STREET ADDRESS	1352 N.E. 149TH STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE NAME	TD TOUSSAINT, ROSELENE	<input type="checkbox"/> Delete
STREET ADDRESS	1580 N.E. 161ST STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

*5-15-02*  
 Date

*(305) 945-7311*  
 Daytime Phone #

CR2E037 (9/01)