


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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90197 003 \*\*\*\*61.25

**DOCUMENT # N92000000584**

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



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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0375062**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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

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 *Nerva Larose* DATE **4-1-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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
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* DATE: **4/1/03** TELEPHONE: **305 945-7311**

CR2E037 (10/02)