

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001964

1. Entity Name

FRATERNITY BAPTIST CHURCH, INC.

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90009 013 ****61.25

Principal Place of Business

Mailing Address

13300 NE 7TH AVE
MIAMI FL 33161
US

13300 NE 7TH AVE
MIAMI FL 33161-7537
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATHOURISTE, WISMY REV
12060 N.W. 3RD AVE.
MIAMI FL

Name

ATHOURISTE WISMY, REV.

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

511 N.W. 96 TERRACE

City

PEMBROKE PINES FL

Zip Code

33024

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

Wismy Athouriste

6-28-00

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	P	<input type="checkbox"/> Delete
NAME	ATHOURISTE, WISMY	
STREET ADDRESS	12060 N.W. 3RD AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EYMA, NELLY	
STREET ADDRESS	251 N.W. 67 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JEAN-JACQUES, VASQUEZ	
STREET ADDRESS	813 SW 9TH ST., #B	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TIMOTHE, WILLY	
STREET ADDRESS	340 N.W. 116 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATHOURISTE WISMY		
STREET ADDRESS	511 N.W. 96 TERRACE		
CITY-ST-ZIP	PEMBROKE PINES, FLA. 33024		
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			

CR2E037 (9/99)

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:

Wismy Athouriste
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-00

Date

954-437-3715

Daytime Phone #