

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90170 020 *****75.00

DOCUMENT # N94000000580

1. Entity Name

SHALOM CENTER, INC.



Principal Place of Business

**11510 NE 2ND AVENUE
MIAMI FL 33161
US**

Mailing Address

**11510 NE 2ND AVENUE
MIAMI FL 33161
US**

2. Principal Place of Business

607 ne 123 st

3. Mailing Address

Same as above

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State

North Miami FL

Zip

33161

Country

FL

City & State

Zip

Country

4. FEI Number **65-0564772**

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

**JOSEPH, JEAN-CANEAU
7510 MADEIRA ST
MIRAMAR FL 33023**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MARINESE, ST THOMAS**
STREET ADDRESS **1234 NE 151 ST**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☒ Delete
NAME **PARAISON, REGINALD**
STREET ADDRESS **506 EAST LURAY ST**
CITY-ST-ZIP **PHILADELPHIA PA 19120**

TITLE **PD** ☒ Delete
NAME **JOSEPH, MARIE-CLAUDE**
STREET ADDRESS **7510 MADERIRA ST**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☒ Delete
NAME **FRANCIUS, OTHNIEL**
STREET ADDRESS **1250 NE 110 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete
NAME **GALO, ROSA L**
STREET ADDRESS **201-182ND BAY DR**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **D** ☒ Delete
NAME **HARVEY, LERFELT**
STREET ADDRESS **19420 NE 21ST CT**
CITY-ST-ZIP **N. MIAMI BEACH FL 33171**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **Marinese NOEL**
STREET ADDRESS **1005 N-E 176 ST**
CITY-ST-ZIP **North Miami Bch FL 33162**

TITLE **D** ☐ Change ☐ Addition
NAME **Yanick Jn Baptiste**
STREET ADDRESS **735 n-w 144 St**
CITY-ST-ZIP **Miami fl 33168**

TITLE **PD** ☐ Change ☐ Addition
NAME **Sonya JOSEPH**
STREET ADDRESS **7510 Madeira St**
CITY-ST-ZIP **Mirammar FL 33023**

TITLE **D** ☐ Change ☐ Addition
NAME **Suze BOULE**
STREET ADDRESS **7528 N-E 3rd PL**
CITY-ST-ZIP **Miami FL 33138**

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

TITLE **D** ☐ Change ☐ Addition
NAME **Yves MOISE**
STREET ADDRESS **690 N-E 164 ST**
CITY-ST-ZIP **Miami FL 33162**

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 Jean-Caneau JOSEPH 899 57 83**

CR2E037 (10/02)