

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

DOCUMENT # **N94000000580**

1. Entity Name

SHALOM CENTER, INC.



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

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



CHECK HERE IF MAKING CHANGES

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

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0564772**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (10/02)

TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINESE, ST THOMAS		NAME	MarineSe NOEL	
STREET ADDRESS	1234 NE 151 ST		STREET ADDRESS	1005 N-E 176 ST	
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP	North Miami Bch FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARAISON, REGINALD		NAME	Yanick Jn Baptiste	
STREET ADDRESS	506 EAST LURAY ST		STREET ADDRESS	735 n-w 144 St	
CITY-ST-ZIP	PHILADELPHIA PA 19120		CITY-ST-ZIP	Miami fl 33168	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, MARIE-CLUADE		NAME	Sonya JOSEPH	
STREET ADDRESS	7510 MADERIRA ST		STREET ADDRESS	7510 Madeira St	
CITY-ST-ZIP	MIRAMAR FL 33023		CITY-ST-ZIP	Miramar FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCUS, OTHNIEL		NAME	Suze BOULE	
STREET ADDRESS	1250 NE 110 TERRACE		STREET ADDRESS	7528 N-E 3rd PL	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami FL 33138	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	GALO, ROSA L		NAME		
STREET ADDRESS	201-182ND BAY DR		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES FL 33160		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, LERFELT		NAME	Yves MOISE	
STREET ADDRESS	19420 NE 21ST CT		STREET ADDRESS	690 N-E 164 ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33171		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: **Jean Caneau Joseph** ³⁰⁵ **8995783**