

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003991

1. Entity Name

EGLISE EVANGELIQUE MARANATHA, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90094 011 ****70.00

Principal Place of Business

Mailing Address

7297 N.W. 2ND AVE.
MIAMI FL 33150

7297 N.W. 2ND AVE.
MIAMI FL 33150-3733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0532377

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, CHRISTOPHER P
11098 BISCAYNE BLVD. #205
MIAMI FL 33161

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

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 DP ☐ Delete
NAME KINGSTON, GIERRIE
STREET ADDRESS 7297 NW 2ND AVE
CITY-ST-ZIP MIAMI FL 33150

TITLE DP ☐ Change ☐ Addition
NAME Guerrier Kingston
STREET ADDRESS 7297 NW 2nd Ave
CITY-ST-ZIP MIAMI FL. 33150

TITLE DV ☐ Delete
NAME MAXON, HYPOLYTE
STREET ADDRESS 2175 NE 169 ST #210
CITY-ST-ZIP N. MIAMI BEACH FL 33181

TITLE DV ☐ Change ☒ Addition
NAME Ouedmond Louis Mare
STREET ADDRESS 93 NE 59 st
CITY-ST-ZIP MIAMI FL. 33137

TITLE DS ☐ Delete
NAME ALMONOR, JEAN SMITH
STREET ADDRESS 565 N.W. 129 STREET
CITY-ST-ZIP N. MIAMI FL 33168

TITLE DS ☐ Change ☒ Addition
NAME Edith Laurent
STREET ADDRESS 13990 NE 6th Ave #104
CITY-ST-ZIP N. MIAMI FL. 33161

TITLE T ☐ Delete
NAME ETIENNE, FELICIA
STREET ADDRESS 2920 N.W. 100TH ST.
CITY-ST-ZIP MIAMI FL 33147

TITLE T ☐ Change ☐ Addition
NAME Etienne Felicia
STREET ADDRESS 2920 NW 100 st
CITY-ST-ZIP MIAMI FL. 33147

TITLE DC ☐ Delete
NAME CLEHOMME, EDUARDO
STREET ADDRESS 9841 NW 23RD AVE
CITY-ST-ZIP MIAMI FL 33147

TITLE DC ☐ Change ☐ Addition
NAME CleHomme Edouard
STREET ADDRESS 9841 NW 23rd Ave
CITY-ST-ZIP MIAMI FL. 33147

TITLE DC ☐ Delete
NAME MERICIN, FRANCOIS
STREET ADDRESS 2920 NW 10 ST
CITY-ST-ZIP MIAMI FL 33147

TITLE DC ☐ Change ☐ Addition
NAME Mericin Francois
STREET ADDRESS 3260 NW 174 st
CITY-ST-ZIP MIAMI FL. 3367

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H-13-2000 (200)

Guerrier Kingston, President Director 484-6627