

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90053 023 ****75.00

DOCUMENT # **N94000003991**

1. Entity Name
Eglise Evangelique Maranatha, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10640 N.W. 12 Ave MIAMI 33162

3. Mailing Address
525 NE 159 St MIAMI 33162

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL.** City & State **MIAMI Florida**
Zip **33168** Country **USA** Zip **33162** Country **USA**

4. FEI Number Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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.

SIGNATURE **DR Guerrier Kingston Guerrier**
Signature, typed or printed name of registered agent and title if applicable.

4-30-2002
DATE

NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Kingston Guerrier 10640 N.W. 12 Ave MIAMI Florida 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Edmond Louis Marc 93 N.E. 59 St MIAMI Florida 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Meronne Dunel 1220 N.E. 158 St MIAMI Florida 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Etienne Felicia 2920 N.W. 100 St MIAMI Florida 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Clehomme Edouard 9841 N.W. 23 Ave MIAMI Florida 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Meriein Francois 3260 N.W. 174 St MIAMI Florida 33181	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Guerrier Kingston DR Guerrier** **4-30-2002** (305) 268-6876 (305) 720-4613

CR2E037B (12/01)