

**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

Suite, Apt. #, etc.

3. Mailing Address

MIAMI 33162

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL.

City & State

MIAMI Florida

4. FEI Number

Applied For

Not Applicable

Zip

33168

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-2002

DATE

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

9. Election Campaign Financing
Trust Fund Contribution.

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**\$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	DR Edmond Louis Marc 93 N.E. 59 St MIAMI Florida 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Meronne Dune 1220 N.E. 158 St MIAMI Florida 33162
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	DR Clehomme Edouard 9841 N.W. 23 Ave MIAMI Florida 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Meriein Francois 3260 N.W. 174 St MIAMI Florida 33181

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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** **4-30-2002** (305) 268-6876 (305) 720-4613

CR2E037B (12/01)