

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90476 025 \*\*\*\*61.25

0025594

**DOCUMENT # N94000004060**

1. Entity Name

**NEW HOPE CHRISTIAN EVANGELICAL CHURCH, INC.**

Principal Place of Business

Mailing Address

10150 N.E. 2 AVE.  
 MIAMI FL 33158

1203 N.E. 145 ST  
 MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0522280

Applied For

Not Applicable

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

**METAYER, GUILBERT**  
 1203 NE 145 ST  
 MIAMI FL 33161

Name: *Celikins Metayer*  
 Street Address (P.O. Box Number is Not Acceptable): *314 N.W. 109 St*  
 City: *Miami* FL 33150

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

*Celikins Metayer*

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

(NOTE: Registered Agent signature required when reinstating)

*4-02-02*

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: PD  
 NAME: METAYER, GUILBERT  
 STREET ADDRESS: 1203 NE 145 ST  
 CITY-ST-ZIP: MIAMI FL 33161  Delete

TITLE: *m.*  
 NAME: *Rigaud Francois*  
 STREET ADDRESS: *460 N.E. 129 St*  
 CITY-ST-ZIP: *N. Miami 33161*  Change  Addition

TITLE: VD  
 NAME: METAYER, MARIE  
 STREET ADDRESS: 1203 NE 145 ST  
 CITY-ST-ZIP: MIAMI FL 33161  Delete

TITLE: *S.D.*  
 NAME: *Celikins Metayer*  
 STREET ADDRESS: *314 N.W. 109 St*  
 CITY-ST-ZIP: *Miami, FL 33150*  Change  Addition

TITLE: SD  
 NAME: JEAN, MILFORT  
 STREET ADDRESS: 165 NW 92 ST  
 CITY-ST-ZIP: MIAMI FL 33150  Delete

TITLE: TD  
 NAME: NORALUS, JEANNE  
 STREET ADDRESS: 1201 N.E. 145 ST.  
 CITY-ST-ZIP: MIAMI FL 33161  Delete

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

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:

*Metayer Guilbert*

*4-2-02*

*305-9499139*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)