

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

0042749

**DOCUMENT # N94000004741**

1. Entity Name

**EGLISE EVANGELIQUE BAPTISTE PHILADELPHIE, INC.**

05-01-2001 90084 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1000 NW 111 STREET  
 MIAMI FL 33167  
 US**

**P.O. BOX 680624  
 MIAMI FL 33168**

0 5 0 1 1 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0521261**

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

**JEAN, AMOS  
 14601 NW 5TH AVENUE  
 MIAMI FL**

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: **D**  Delete  
 NAME: **BEAUVAIS, JOJAM**  
 STREET ADDRESS: **1801 NW 183 ST**  
 CITY-ST-ZIP: **MIAMI FL**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
 NAME: **FLORESTAL, LEONEL**  
 STREET ADDRESS: **1130 NW 116 TERR**  
 CITY-ST-ZIP: **MIAMI FL**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
 NAME: **PIERRE, MICHEL**  
 STREET ADDRESS: **505 NW 120 ST**  
 CITY-ST-ZIP: **MIAMI FL**

TITLE: **D**  Change  Addition  
 NAME: **CHRISNER ELIUS**  
 STREET ADDRESS: **1000 N.W. 111 Street**  
 CITY-ST-ZIP: **MIAMI, Fla. 33168**

TITLE: **D**  Delete  
 NAME: **ILOURDES, JEAN**  
 STREET ADDRESS: **14601 NW 5 AVE**  
 CITY-ST-ZIP: **MIAMI FL**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **P**  Delete  
 NAME: **JEAN, AMOS**  
 STREET ADDRESS: **14601 NW 5TH AVE**  
 CITY-ST-ZIP: **MIAMI FL 33168**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-01

Date

(305) 681-5357

Daytime Phone #

CR2E037 (10/00)