

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001995

1. Entity Name

HAITIAN EVANGELICAL CHURCHES UNITED, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90096 010 ****61.25

Principal Place of Business

716 MICHIGAN AVE., #304
MIAMI BEACH FL 33139

Mailing Address

716 MICHIGAN AVE., #304
MIAMI BEACH FL 33139-6074

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0850325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STERLING, JOSEPH E
716 MICHIGAN AVE., #304
MIAMI BEACH FL 33139

7. Name and Address of New 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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS STERLING, JOSEPH E
CITY-ST-ZIP 716 MICHIGAN AVE., #304
MIAMI BEACH FL 33139

TITLE ☒ Delete
NAME D
STREET ADDRESS BLEMUR, REYNOLD
CITY-ST-ZIP 625 NE 150TH ST
MIAMI FL 33161

TITLE ☐ Delete
NAME D
STREET ADDRESS TOUSSAINT, LOUIS F
CITY-ST-ZIP 535 NW 97TH ST
MIAMI FL 33150

TITLE ☐ Delete
NAME D
STREET ADDRESS JEAN-LOUIS, JULES
CITY-ST-ZIP 17830 NW 28TH CT
MIAMI FL 33056

TITLE ☒ Delete
NAME D
STREET ADDRESS JEAN-PHILLIPE, JEAN H
CITY-ST-ZIP 561 NW 194TH ST
MIAMI FL 33169

TITLE ☐ Delete
NAME D
STREET ADDRESS JOSEPH, LEON
CITY-ST-ZIP 12655 NE 1ST AVE
MIAMI FL 33161

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME D ST. HILAIRE, IRLIN
STREET ADDRESS 5832 NE 2 AVE
CITY-ST-ZIP MIAMI FL 33137

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

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

TITLE ☒ Change ☐ Addition
NAME D PIERRE, DELAUNOY
STREET ADDRESS 35 NW 193 Ter.
CITY-ST-ZIP MIAMI FL 33168

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)