

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001995

1. Entity Name

HAITIAN EVANGELICAL CHURCHES UNITED, INC.

Principal Place of Business

Mailing Address

716 MICHIGAN AVE., #304
MIAMI BEACH FL 33139

716 MICHIGAN AVE., #304
MIAMI BEACH FL 33139

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

65-0850325

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

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

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
After September 12, 2001, min. will be \$236.25

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 information.

SIGNATURE:

Joseph E Sterling

08/15/01 305-6736122
546-9553

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90004 008 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)