2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # N95000004188 Apr 07, 2000 8:00 am Secretary of State 1. Entity Name EGLISE BAPTISTE HAITIENNE DU SINAI, INC. 04-07-2000 90089 018 ****66.25 Principal Place of Business Mailing Address 14600 NW 7TH AVE 321 NE 170ST. N. MIAMI FL 33162-2333 MIAMI FL 33168 2. Principal Place of Business Mailing Address Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State & State **₹4.** -FEI-Number 59-3370553 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 10USSA Street Address (P.O. Box Number is 11th Acceptable) TOUSSAINT, MARC 3061 NW 88TH STREET **MIAMI FL 33147** 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Channe ☐ Addition TITLE NAME TOUSSAINT, RUTH S NAME STREET ADDRESS 321 NE 170 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33147 Change ☐ Addition TITLE Delete TITLE CAZEAU, MARILYN T NAME NAME STREET ADDRESS 1128 NW 116TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33168** Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME CAZEAU, HOSNY STREET ADDRESS STREET ADDRESS 1128 NW 116TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33168** Change ☐ Addition ☐ Detete TITLE TITLE TOUSSAINT, ANNA L NAME STREET ADDRESS STREET ADDRESS 321 NE 170 ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME MYLA, GERTHA STREET ADDRESS STREET ADDRESS 1940 NW 188 TERRACE CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33056 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.