

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90220 040 \*\*\*\*61.25

**DOCUMENT # N95000004188**

1. Entity Name  
**EGLISE BAPTISTE HAITIENNE DU SINAI, INC.**



Principal Place of Business

**321 NE 170 ST  
N MIAMI BEACH FL 33162  
US**

Mailing Address

**321 NE 170 ST  
N MIAMI BEACH FL 33162  
US**

2. Principal Place of Business

3. Mailing Address

**4476 N.W. Alsace Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Port-St-Lucie Fl.**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

**34983**

Country

**St-Lucie**

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

**TOUSSAINT, MARC  
321 N.E. 170 ST  
N MIAMI BEACH FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARC TOUSSAINT**  
Signature, typed or printed name of registered agent and title if applicable.

**Marc Toussaint**  
(NOTE: Registered Agent signature required when reinstating)

**04/14/03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **TOUSSAINT, RUTH S**  
STREET ADDRESS **321 NE 170 ST.**  
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☐ Delete  
NAME **CAZEAU, MARILYN T**  
STREET ADDRESS **1128 NW 116TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE **D** ☐ Delete  
NAME **CAZEAU, HOSNY**  
STREET ADDRESS **1128 NW 116TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE **D** ☐ Delete  
NAME **TOUSSAINT, ANNA L**  
STREET ADDRESS **321 NE 170 ST.**  
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☐ Delete  
NAME **MYLA, GERTHA**  
STREET ADDRESS **1940 NW 188 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33056**

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 like empowered.

SIGNATURE: **Marc Toussaint** REQUIRED

**04/14/03 1772340-1089**

CR2E037 (10/02)