

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000235

1. Entity Name

EGLISE BAPTISTE HAITIENNE LES RACHETES, INC.

Principal Place of Business

8350 N.W. 14TH AVENUE
MIAMI FL 33147

Mailing Address

1460 N.W. 92 STREET
MIAMI FL 33147-3229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIVIL, VENEL REV
1460 N.W. 92ND STREET
MIAMI FL 33147

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 Venel Civil Rev.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-18-2000

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 PD ☐ Delete
NAME CIVIL, VENEL REV
STREET ADDRESS 1460 N.W. 92ND STREET
CITY-ST-ZIP MIAMI FL

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

TITLE VD ☐ Delete
NAME ANGLADE, CLICENIE
STREET ADDRESS 1460 N.W. 92ND STREET
CITY-ST-ZIP MIAMI FL

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

TITLE SD ☐ Delete
NAME BRUTUS, DELIVRANCE
STREET ADDRESS 13200 N.W. 22ND AVENUE
CITY-ST-ZIP MIAMI FL

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

TITLE TD ☐ Delete
NAME PAUL, AUREL
STREET ADDRESS 3362 N.W. 194TH STREET
CITY-ST-ZIP MIAMI FL

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 like empowered.

SIGNATURE: Venel UBR REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-2000 305 693-2373

Date

Daytime Phone #

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90001 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0594453** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)