

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000235

1. Entity Name

EGLISE BAPTISTE HAITIENNE LES RACHETES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90306 012 ****61.25

0040693

Principal Place of Business

8350 N.W. 14TH AVENUE
MIAMI FL 33147

Mailing Address

1460 N.W. 92 STREET
MIAMI FL 33167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	CIVIL, VENEL REV	
STREET ADDRESS	1460 N.W. 92ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANGLADE, CLICENIE	
STREET ADDRESS	1460 N.W. 92ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUTUS, DELIVRANCE	
STREET ADDRESS	13200 N.W. 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAUL, AUREL	
STREET ADDRESS	3362 N.W. 194TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CIVIL VENEL PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1460 N.W. 92ND STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGLADE, CLICENIE	
STREET ADDRESS	1460 N.W. 92ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUTUS DELIVRANCE	
STREET ADDRESS	13200 N.W. 22ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL AUREL	
STREET ADDRESS	3362 N.W. 194TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 (10/00)