

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

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91350 046 ****61.25

DOCUMENT # N96000000235																										
1. Entity Name EGLISE BAPTISTE HAITIENNE LES RACHETES, INC.																										
Principal Place of Business 8390 N.W. 14TH AVENUE MIAMI FL 33147		Mailing Address 1460 N.W. 92 STREET MIAMI FL 33167																								
2. Principal Place of Business 8390 N.W. 14TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 1460 N.W. 92 ST Suite, Apt. #, etc. <u>HOUSE</u>																								
City & State MIAMI Florida Zip <u>33147</u> Country		City & State MIAMI Florida Zip <u>33147</u> Country																								
4. FEI Number 65-0594453		Applied For ☐ Not Applicable																								
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES																								
6. Name and Address of Current Registered Agent CIVIL VENEL 1460 N.W. 92ND STREET MIAMI FL 33147		7. Name and Address of New Registered Agent Name <u>CIVIL VENEL</u> Street Address (P.O. Box Number is Not Acceptable) <u>1460 N.W. 92 ST</u> City <u>MIAMI Florida</u> FL Zip Code <u>33147</u>																								
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 <u>Venel Civil</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Venel Civil 4-23-03</u> (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 Florida Department of State																										
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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: <u>Venel Civil</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4-20-03 305-693-7373</u> Date Daytime Phone																								

CR2E037 (10/02)