

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000904

1. Entity Name

SILOE HAITIAN BAPTIST CHURCH, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90551 006 ****70.00

Principal Place of Business

1608 E GENESE
TAMPA FL 33610
US

Mailing Address

703 TUSCANNY ST
BRANDON FL 33511

2. Principal Place of Business

1608 E GENESEE

Suite, Apt. #, etc.

GENESEE ST

City & State

Tampa FL

Zip

33610

Country

Hillborough

3. Mailing Address

703 TUSCANNY ST

Suite, Apt. #, etc.

City & State

BRANDON FL

Zip

33511

Country

Hillborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3375177

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERZIER, MICHEL
703 TUSCANNY ST
BRADEN FL 33511

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 ☐ Delete
NAME D
STREET ADDRESS MERZIER, MICHEL
CITY-ST-ZIP 703 TUSCANNY ST
BRANDON FL 33511

TITLE ☐ Delete
NAME D
STREET ADDRESS SEXIL, PROSPER
CITY-ST-ZIP 1608 E GENESEE ST
TAMPA FL 33610

TITLE ☐ Delete
NAME D
STREET ADDRESS SEXIL, LOVY
CITY-ST-ZIP 1608 E GENESEE ST
TAMPA FL 33610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-01 813-685-1108

Date

Daytime Phone #

CR2E037 (10/00)