

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91475 037 ****61.25

DOCUMENT # N96000000904

1. Entity Name

SILOE HAITIAN BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1608 E. GENESE
 TAMPA FL 33610

703 TUSCANNY ST
 BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

1608 E GRENESSE
 Suite, Apt. #, etc.

703 TUSCANNY ST
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Tampa Fla

Brandon Fla

59-3375177

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

33610 Hillsborough

33511 Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERZIER, MICHEL
 703 TUSCANNY ST
 BRANDEN FL 33511

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

4-19-02

813-685-1408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)