

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003048

1. Entity Name

By Faith Fellowship Ministries, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 12:16

Principal Place of Business

Mailing Address

9000 NW 28 Drive #I-202
Coral Springs, FL 33065

P.O. Box 9194
Coral Springs, FL
33075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0683645

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Pierre, Micane
9000 NW 28 Drive, I-202
Coral Springs, FL 33065

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 reinstalling)

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
NAME PIERRE, EMMANUEL
STREET ADDRESS 9000 NW 28 Dr. I-202
CITY-ST-ZIP Coral Springs, FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003535706-4
-01/12/01--01060--001
*****61.50 *****61.50 ☐ Change ☐ Addition

TITLE VTD
NAME PIERRE, MICANE
STREET ADDRESS 9000 NW 28 Dr. I-202
CITY-ST-ZIP Coral Springs, FL 33065 ☐ Delete

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

TITLE
NAME PIERRE, MICHEL
STREET ADDRESS 9000 NW 28 Dr. I-202
CITY-ST-ZIP Coral Springs, FL 33065 ☒ Delete

TITLE D
NAME Marcel Pierre
STREET ADDRESS 9000 NW 28 Dr. I-202
CITY-ST-ZIP Coral Springs, FL 33065 ☐ Change ☒ Addition

TITLE
NAME Chatelain, Benedic
STREET ADDRESS 4102 Riverside Dr. #4
CITY-ST-ZIP Coral Springs, FL 33065 ☒ Delete

TITLE D
NAME Gaspar, Ivio
STREET ADDRESS 9000 NW 28 Dr. I-202
CITY-ST-ZIP Coral Springs, FL 33065 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Emmanuel Pierre

Emmanuel Pierre
PRES.

12-15-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)