

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-07-2002 90020 019 ****61.25

DOCUMENT # N96000003887

1. Entity Name

BIBLE EVANGELICAL CHURCH, INC.

Principal Place of Business

Mailing Address

3333 W ATLANTIC BLVD #5.6
 POMPANO BEACH FL 33069

P O BOX 50402
 POMPANO BEACH FL 33074

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

65-0712592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EXANTUS, STEVE D
291 NE 38TH STREET #2
OAKLAND PARK FL 33034

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

Steve D. Exantus, P.

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 **TELSAINT, WILNEL**
 STREET ADDRESS **72 NW 10 CIRCLE**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**
 New address: **308 S.E 9th Ave #3**
Pompano Bch Fl 33060

TITLE ☐ Delete
 NAME **PREVALON, FRANCOIS**
 STREET ADDRESS **1350 NW 13TH COURT**
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☒ Delete
 NAME **OGE, CEANT**
 STREET ADDRESS **4660 NE 1ST**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
 NAME **METEZIER, JACQUES**
 STREET ADDRESS **270 NW 23TH COURT**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
 NAME **MOIMEME, LUCANTS**
 STREET ADDRESS **1541 SW 81ST AVENUE**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Delete
 NAME **VERTINORD, ELICNER**
 STREET ADDRESS **4660 NE 1ST STREET**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Change ☒ Addition
 NAME **M Jean-Luc**
 STREET ADDRESS **2780 Somerset DR Apt P.203**
 CITY-ST-ZIP **Lauderdale Lakes 33311**

TITLE ☐ Change ☒ Addition
 NAME **D Shostene Andre**
 STREET ADDRESS **4201 N.W. 16 AVE**
 CITY-ST-ZIP **FT. Lauderdale Fla 33309**

TITLE ☐ Change ☒ Addition
 NAME **D Dieujuste Cimeya**
 STREET ADDRESS **1337 S. Dixie Hwy Deerfield Bch FLA**
 CITY-ST-ZIP **Apt 523, 33441**

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

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

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

Wilnel Telsaint

3/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)