

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90103 014 ****70.00

DOCUMENT # N96000004669

1. Entity Name

**L'EGLISE BETHEL BAPTISTE DE LA COMMUNAUTE HAITIE
 NNE, INC.**

Principal Place of Business

Mailing Address

**6060 KIMBERLY BLVD
 NORTH LAUDERDALE FL 33068**

**6060 KIMBERLY BLVD
 NORTH LAUDERDALE FL 33068**

2. Principal Place of Business

3. Mailing Address

6060 Kimberly Blvd

6060 Kimberly Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Lauderdale FLA

N. Lauderdale FL

Zip

Country

Zip

Country

33068

USA

33068

USA

4. FEI Number

65-0702199

☒ 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

**PIERRE-LOUIS, FORTMIL
 5001 SW 12TH STREET
 MARGATE FL 33068**

Name

FORTMIL PIERRE-LOUIS

Street Address (P.O. Box Number is Not Acceptable)

5001 SW 12th Street

City

Margate

FL

Zip Code

33068

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PIERRE-LOUIS, FORTMIL 5001 SW 12TH ST MARGATE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORDELUS, ALBERT N 4240 NE 4TH AVE POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROCK, THEODULE 1721 SW 65TH AVE POMPANO BEACH FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDR, NORVIUS 12167 NW 46TH ST CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTESSE, EMIL 323 SW 33TH AVE DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. PIERRE-Louis, FortMil 5001 SW 12th Street Margate FL 33068	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delvarice, Holsder 399 SW 64 Terrace Margate FL 33068	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rock Théodule 1721 SW 65th Ave Pom Pano Beach FL 33068	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANor, NorVius 12167 NW 46th Street Coral Springs FL 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **FORTMIL PIERRE-LOUIS, FortMil Pierre Louis** 04-22-02-954 972-7981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office

CR2E037 (9/01)