2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State
07-13-2000 90008 017 ****61.50

DOCUMENT # N96 000005015

1. Entity Name
MAHALALEEL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2874 N. ST Rd 7 LAUDERDALE LAKES FL 33311	P.O. Box 6062 FT LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

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 59-3410259 ☐ 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
TILERIN, CERAMAND 5859 NW 16th STREET SUNRISE FL 33313	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME MIREUS, OLIUS STREET ADDRESS 860 SW 56th TERRACE #106 CITY-ST-ZIP MARGATE FL 33068 ☐ Delete	TITLE NAME VERDELUS ACIUS STREET ADDRESS 3910 NE 1ST AVE CITY-ST-ZIP FT LAUDERDALE FL 33334 ☐ Change ☐ Addition
TITLE TD NAME TILERIN, CERAMAND STREET ADDRESS 5859 NW 16 ST CITY-ST-ZIP SUNRISE FL 33313 ☐ Delete	TITLE NAME CELIPHET SILUAIN STREET ADDRESS 3910 NE 1ST AVE CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☐ Change ☐ Addition
TITLE SD NAME LOSEIL, JOSEPH B. STREET ADDRESS 1122 SW 1ST STREET CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE M NAME DUPICHE, ADORABLE STREET ADDRESS 100 NW 188th ST CITY-ST-ZIP N. MIAMI FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE V.P NAME SYLUAIN GEDEON STREET ADDRESS 5301 NW 16TH CT CITY-ST-ZIP FT LAUDERDALE FL 33313 ☐ 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

CR2E034 (9/99)

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ceramand Tilerin 4-27-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #