

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005015

1. Entity Name

MAHALALEEL BAPTIST CHURCH, INC.

Principal Place of Business

2874 N. STATE ROAD 7
LAUDERDALE LAKES FL 33311

Mailing Address

2874 N. STATE ROAD 7
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

3. Mailing Address

5859 N.W. 16 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE FLORIDA

Zip

Country

Zip

Country

33313 USA

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 N.W. 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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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 MIREUS, OLIUS
STREET ADDRESS 260 S.W. 56TH TERRACE #106
CITY-ST-ZIP MARGATE FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME TILERIN, CERAMAND
STREET ADDRESS 5859 N.W. 16 ST.
CITY-ST-ZIP SUNRISE FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME LOSEIL, JOSEPH B
STREET ADDRESS 1122 S.W. 1ST STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M
NAME DUPICHE, ADORABLE
STREET ADDRESS 100 N.W. 188 ST
CITY-ST-ZIP N. MIAMI FL 33316-9

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME ACVIS, VERDELUS
STREET ADDRESS 3910 NE 1ST AVE
CITY-ST-ZIP FT LAUD FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME SYLVAIN, GEDEON
STREET ADDRESS 5301 N.W. 16TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33313

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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