

2002 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

5859 N.W. 16 STREET
SUNRISE FL 33313

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 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

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

TITLE MEMBER / COUNSELOR
NAME ENVERDIEU REMY
STREET ADDRESS 821 SW 63RD WAY
CITY-ST-ZIP N.L. FL 33068 ☐ Change ☒ Addition

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

TITLE SECRETARY
NAME FRENDEU REMY
STREET ADDRESS 821 SW 63RD WAY
CITY-ST-ZIP N.L. FL 33068 ☐ Change ☒ Addition

TITLE SD
NAME LOSEIL, JOSEPH B
STREET ADDRESS 1122 S.W. 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 N.W. 188 ST
CITY-ST-ZIP N. MIAMI FL 33316-9 ☐ Delete

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

TITLE VP
NAME SYLVAIN, GEDEON
STREET ADDRESS 5301 N.W. 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

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: *Oliver Mireus* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90054 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)