2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # N9700001452 ... L'EGLISE BAPTISTE CHRIST SEUL ESPOIRE, INC 02-13-2001 90585 039 ****61.35 Principal Place of Business Mailing Address 3617 NE 367H ST 2417 NW 9TH AVE FT LAUDERDALE FL 33311 APT 8-1 715863 FT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0832749 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CAMILLE, GEORGE 2417 NW 9TH AVE, APT B-1 FT LAUDERDALE FL 33311 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE . 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE S/TR Delete TITLE ☐ Change ☐ Addition TAMAS, ELMISE NAME NAME STREET ADDRESS STREET ADDRESS 1415 NW 20 CT CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 TITLE TR Delete TITLE Change Addition TR Magloir Merisier NAME LORESTILE, ANDRE NAME STREET ADDRESS STREET ADDRESS 1236 NW 4 Avenue 909 SW 10TH DRIVE, APT D -CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 Fort Lauderdale, FL 33311 TITLE P/D ☐ Delete TITLE Change ☐ Addition NAME CAMILLE, GEORGE NAME STREET ADDRESS STREET ADDRESS 2417 NW 9TH AVENUE, APT B-1 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE . Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS 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: