

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002609

1. Entity Name

NEW CANAAN BAPTIST CHURCH, INC.

Principal Place of Business

301 NE 59TH STREET  
MIAMI FL 33137

Mailing Address

PO BOX 382295  
MIAMI FL 33238

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

65-0787471

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

POLYCARPE, SNYDER  
81 NE 48TH STREET  
MIAMI FL 33137

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
SYLVIAN, JULSON  
3625 SW 1ST STREET  
FORT LAUDERDALE FL 33312

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
ALEXIS, MAX  
12365 NW MIAMI CT  
MIAMI FL 33168

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
METELLUS, ANTOINE O  
285 NW 82 TERRACE  
MIAMI FL 33150

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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:

JULSON SYLVIAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90049 038 \*\*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)