

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90026 020 \*\*\*\*75.00

**DOCUMENT # N97000005037**

1. Entity Name

**HAITIAN CHURCH OF GOD SANCTIFIED, INC.**

Principal Place of Business

Mailing Address

5121 NW 2ND AVENUE  
 MIAMI FL 33127

5224 N MIAMI AVE  
 MIAMI FL 33127  
 US

2. Principal Place of Business

3. Mailing Address

5121 NW 2nd Avenue  
 Suite, Apt. #, etc. None

5224 N. MIAMI AVE.  
 Suite, Apt. #, etc. None

City & State

MIAMI FL.

City & State

MIAMI, FL.

Zip

33127

Country

US

Zip

33127

Country

U.S.

4. FEI Number

65-0793117

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

**DUCLAIR, PASCAL**  
**5224 NORTH MIAMI AVENUE**  
**MIAMI FL 33127**

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	<input type="checkbox"/> Delete
NAME	CLOTAIRE, JACQUES	
STREET ADDRESS	1350 NE 149TH STREET	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUCLAIR, FRANCIEUSE F	
STREET ADDRESS	5224 NORTH MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLOTAIRE, JACQUES	
STREET ADDRESS	1350 NE 149TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUCLAIR, FRANCOIS	
STREET ADDRESS	75 NE 29TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JACQUES CLOTAIRE

02-08-02

Date

Daytime Phone #

CR2E037 (9/01)