

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005591

1. Entity Name

PREMIERE EGLISE BAPTISTE MOREB, INC.

FILED

02 AUG 22 AM 11:03

SECRETARY OF STATE



07/11/02 90243 030 6125

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0786095 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPRIEGEL & UTTERA, P.A.
120 N.E. 151ST STREET
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name: REY. LEVICAIRE LEVEILLE, Pastor
Street Address (P.O. Box Number is Not Acceptable): 120 N.E. 151 Street
City: North Miami Beach FL Zip Code: 33162

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

05-01-02 DATE

FILE NOW: FEE IS \$81.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	LEVEILLE, LEVICAIRE	175 NORTHWEST 128 STREET	MIAMI FL 33168	<i>Director</i>
D	QUILLISME, ADRIENNE	175 NORTHWEST 128 STREET	MIAMI FL 33168	☒ Delete
T	LEVEILLE, RIGEBERT	175 NORTHWEST 128 STREET	MIAMI FL 33168	<i>Treasurer</i>
T	AUGUSTE, JEANNETTE	175 NORTHWEST 128 STREET	MIAMI FL 33168	☒ Delete
T	LAFRANCE, CLERINA	175 NORTHWEST 128 STREET	MIAMI FL 33168	☒ Delete
S	HERLANDE, LOUIS	175 NORTHWEST 128 STREET	MIAMI FL 33168	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
D	MONDE, FBAUOL	175 N.W. 128 Street	North Miami, Florida 33168	<i>Director</i>
T	AUGUSTE, Michel	120 NE 151 Street	N. Miami Beach, Florida 33162	<i>Treasurer</i>
T	gonnassaint, Yovette	16211 NW 18 Street	Misamora, Florida 33027	<i>Treasurer</i>
S	LEVEILLE, SUZETTE	120 NE 151 Street	N. Miami Beach, Florida 33162	<i>Secretary</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-02 DATE

Please See The Next Page for Officers Name

CR2037 (9/01)