

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90351 038 ****61.25

DOCUMENT # N97000005591

1. Entity Name

PREMIERE EGLISE BAPTISTE HOREB, INC.



Principal Place of Business

**175 NORTHWEST 128 STREET
MIAMI FL 33168**

Mailing Address

**175 NORTHWEST 128 STREET
MIAMI FL 33168**

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 **65-0786095**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

11036763



6. Name and Address of Current Registered Agent

**LEVEILLE, LEVICAIRE REV
120 N.E. 151ST STREET
MIAMI FL 33162**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVEILLE, LEVICAIRE	
STREET ADDRESS	175 NORTHWEST 128 STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONDE, FENOL	
STREET ADDRESS	175 NORTHWEST 128 STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEVEILLE, RIGEBERT	
STREET ADDRESS	175 NORTHWEST 128 STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	T	<input type="checkbox"/> Delete
NAME	AUGUSTE, MICHEL	
STREET ADDRESS	120 NE 151 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	T	<input type="checkbox"/> Delete
NAME	YONASSAINT, JOVETTA	
STREET ADDRESS	16211 18 STREET	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEVEILLE, SUZETTE	
STREET ADDRESS	120 NE 151ST STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 information.

SIGNATURE: SIGNATURE REQUIRED

CR2E037 (10/02)