

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/11/00-90095-048-\$70.00-\$70.00

DOCUMENT # N97000006202

1. Entity Name

CHRISTIAN SERVICE BRIGADE, INC.

FILED

00 SEP 27 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12825 NE 2ND AVENUE  
NORTH MIAMI FL 33161

Mailing Address

12825 NE 2ND AVENUE  
NORTH MIAMI FL 33161-4503

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

APPLIED FOR

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

FERTIL, RICOT  
12825 NE 2ND AVENUE  
NORTH MIAMI FL 33161

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  
DP  
CASSEUS, PAUL  
507 NW 98 ST  
MIAMI FL 33127 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FERTIL, RICOT  
12825 NE 2ND AVENUE  
NORTH MIAMI FL 33161 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ST. HILAIRE, IRLIN  
5880 NE 2ND AVENUE  
NORTH MIAMI FL 33138 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MATHIAS, SAINTANA SR  
1263 NE 146 STREET  
NORTH MIAMI FL 33161 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STERLING, JOSEPH EDDER  
125 NE 54 STREET  
MIAMI FL 33137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MAXI, WILNER  
7320 NE 2ND AVENUE  
MIAMI FL 33137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00

305 688 920

Date

Daytime Phone #

CR2E037 (9/99)

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

**Christian Service Brigade, Inc**

2 Trade name of business (if different from name on line 1)

**N/A**

3 Executor, trustee, "care of" name

**Ricot Fertil**

4a Mailing address (street address) (room, apt., or suite no.)

**12825 NE 2nd Ave**

5a Business address (if different from address on lines 4a and 4b)

**Same**

4b City, state, and ZIP code

**Miami, FL 33161**

5b City, state, and ZIP code

6 County and state where principal business is located

**Dade, Florida**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►

**Ricot Fertil S.S.# 267-93-6339**

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☒ Church or church-controlled organization

☐ Other nonprofit organization (specify) ►

☐ Other (specify) ►

☐ Personal service corp.

☐ National Guard

☐ Farmers' cooperative

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Other corporation (specify) ►

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

**Florida**

Foreign country

**N/A**

9 Reason for applying (Check only one box.) (see instructions)

☐ Started new business (specify type) ►

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

☒ Banking purpose (specify purpose) ► **open checking acct**

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

**6/8/97**

11 Closing month of accounting year (see instructions)

**December 31st**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural

**0**

Agricultural

**0**

Household

**0**

14 Principal activity (see instructions) ► **spiritual**

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? - Please check one box.

☐ Business (wholesale)

☐ N/A

☒ Public (retail) ☐ Other (specify) ►

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

**(305) 688-9251**

Fax telephone number (include area code)

**( ) N/A**

Name and title (Please type or print clearly.) ► **Ricot Fertil**

Date ► **9/24/02**

Signature ►

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying