

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003168

1. Entity Name

EVANGELIQUE ECONOMIC DEVELOPMENT, INC.

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90004 001 ****61.25

Principal Place of Business

5064 N.W. 6TH COURT
DELRAY BEACH FL 33445

Mailing Address

5064 N.W. 6TH COURT
DELRAY BEACH FL 33445

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0837921

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUSSAINT, ZACHARIE
5064 N.W. 6TH COURT
DELRAY BEACH FL 33445

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.

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

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	TOUSSAINT, ZACHARIE	
STREET ADDRESS	5064 N.W. 6TH COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FAUTSTIN, EMMANUEL	
STREET ADDRESS	5064 N.W. 6TH COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEAUPLAN, ALPHONICA	
STREET ADDRESS	548 S.E. DAVIS ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33455	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	ARISTIDE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKED	
STREET ADDRESS	5064 NW 6TH CT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
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 empowered.

SIGNATURE: *ZACHARIE TOUSSAINT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-27-00

Date

(561) 495-0947

Daytime Phone #

CR2E037 (5/00)