

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004492

1. Entity Name

BETHEL HAITIAN BAPTIST CHURCH, INC.

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

06-03-2000 90143 022 \*\*\*\*70.00

Principal Place of Business

5005 NW 173RD DR  
CAROL CITY FL 33055

Mailing Address

20002 N.W. 43 COURT  
CAROL CITY FL 33055-1534

2. Principal Place of Business

5005 NW 173RD DR  
Suite, Apt. #, etc.

3. Mailing Address

20002 NW 43 CT  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Mia, FL

City & State

Miam, FL

4. FEI Number

65-0452241

Applied For

Not Applicable

Zip

33055 Dade

Country

Dade

Zip

33055

Country

Dade

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHARLEMAGNE, LUCIEN  
20002 NW 43RD CT  
CAROL CITY FL 33055

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 reinstalling)

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

TICERON, MARYSE ☐ Delete

4611 NW 8TH DR  
PLANTATION FL 33317

D HENRIQUEZ, SONIA ☐ Delete

4727 NW 195TH ST  
CAROL CITY FL 33055

T CLELA, NICLASSE ☐ Delete

2970 N.W. 174 STREET  
CAROL CITY FL 33055

T PREAL, MONA ☐ Delete

18311 N.W. 2ND COURT  
MIAMI FL 33169

D DIEUDONNE, JEAN ☐ Delete

850 N.W. 200 TERRACE  
MIAMI FL 33169

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (305)621-5864  
Date Daytime Phone #

CR2E037 (9/99)