

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90002 017 ****66.25

DOCUMENT # N98000004492

1. Entity Name

BETHEL HAITIAN BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

~~2002 NW 43RD DR~~
CAROL CITY FL 33055

20002 N.W. 43 COURT
CAROL CITY FL 33055

2. Principal Place of Business

4293 NW 167 ST

3. Mailing Address

4293 NW 167 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami,

City & State

MIA, FL

Zip

33055

Country

Miami-DADE

Zip

33055

Country

Miami-Dade

4. FEI Number

65-0452241

Applied For

Not Applicable

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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	T	<input type="checkbox"/> Delete
NAME	CICERON, MARYSE	
STREET ADDRESS	4811 NW 8TH DR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRIQUEZ, SONIA	
STREET ADDRESS	4727 NW 195TH ST	
CITY-ST-ZIP	CAROL CITY-FL 33055	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLELA, NICLASSE	
STREET ADDRESS	2970 N.W. 174 STREET	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PREAL, MONA	
STREET ADDRESS	18311 N.W. 2ND COURT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIEUDONNE, JEAN	
STREET ADDRESS	850 N.W. 200 TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLEMAGNE, LUCIEN	
STREET ADDRESS	20002 NW 43 CT	
CITY-ST-ZIP	CAROL CITY, FL 33055	
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: **LEICIGNE CHARLEMAGNE**

CR2E037 (5/01)