

8/14

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90024 045 \*\*\*\*69.00

**DOCUMENT # N98000004492**

1. Entity Name

**BETHEL HAITIAN BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

4293 NW 167TH STREET  
 CAROL CITY FL 33055

4293 NW 167TH STREET  
 CAROL CITY FL 33055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CICERON, MARYSE	
STREET ADDRESS	4611 NW 8TH DR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENRIQUEZ, SONIA	
STREET ADDRESS	4727 NW 195TH ST	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CLEA, NICLASSE	
STREET ADDRESS	2970 N.W. 174 STREET	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLEMAGNE, LUCIEN	
STREET ADDRESS	20002 NW 43RD COURT	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIEUDONNE, JEAN	
STREET ADDRESS	850 N.W. 200 TERRACE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Telania Petit-Homme	
STREET ADDRESS	85 NE 133 ST	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Pierre	
STREET ADDRESS	14400 NW 11 Court	
CITY-ST-ZIP	Miami, FL 33168	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Aristide	
STREET ADDRESS	7801 NW 4 CT	
CITY-ST-ZIP	Miami, FL 33127	
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 621-5064

CR2E037 (9/01)