

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91008 032 ****75.00

DOCUMENT # N99000000240

1. Entity Name
INDEPENDENT CHRISTIAN ALLIANCE MINISTRIES, INC.



Principal Place of Business
**87 COTE PLACE 22
CARREFOUR. WEST W.I.
HA**

Mailing Address
**1125 NE 144 STREET
NORTH MIAMI FL 33161**

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 **65-0903229**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOUIS, ANDRE J DR
1125 NE 144 STREET
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LOUIS, ANDRE J DR. | |
| STREET ADDRESS | 1125 NE 144 STREET | |
| CITY-ST-ZIP | NORTH MIAMI FL 33161 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ALTIDOR, PAULMER | |
| STREET ADDRESS | 719 EXECUTIVE DRIVE, APT 212 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | VERDIEU PLAISIME, JOSEPH | |
| STREET ADDRESS | 405 SW 13TH PLACE, APT. 106 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GISLAINE, LOUIS M | |
| STREET ADDRESS | 1125 NE 144 STREET | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33161 | |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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

Andrew

4/4/03

305-940-6894

CR2E037 (10/02)