

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001341

1. Entity Name

EL BETHEL MISSIONARY CORP.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90059 040 ****66.50

Principal Place of Business

3681 NW 29 STREET
LAUDERDALE LAKES FL 33311

Mailing Address

3681 NW 29 STREET
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

3681 NW 29 ST
Suite, Apt. #, etc.

Mailing Address

P.O. Box 5472
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lauderdale FL

City & State

FL Lauderdale FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

33310

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, CLEOMIE
3681 NW 29 STREET
LAUDERDALE LAKES FL 33311

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

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 DP
NAME LAMBERT, CLEOMIC
STREET ADDRESS 3681 NW 29 ST.
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE VD
NAME DOYZE, PIERRE
STREET ADDRESS 11881 W. OAKLAND PARK
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE S
NAME CONSTANT, CARL
STREET ADDRESS 6911 SW 8 ST.
CITY-ST-ZIP MARGATE FL 33068

TITLE T
NAME PIERRE-PAUL, MICHELET
STREET ADDRESS 416 NW 4 CT.
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Cleomie Lambert* 3-9-01 954-537-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)