

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

FILED

02 OCT 18 AM 11:53

DOCUMENT # N99000003531

1. Entity Name

Assem ASSEMBLEE BAPTISTE CHRETIENNE PAR LA FOI, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2501 North Andrews Ave.

3. Mailing Address

2501 North Andrews Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wilton Manors, FL

City & State

Wilton Manors, FL

4. FEI Number

65-0933494

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

33311

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Eribert Jean-Francois

Street Address (P.O. Box Number is Not Acceptable)

4410 NW 37 Street

City

Lauderdale Lakes

FL

Zip Code
33319

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 *Eribert Jean-Francois*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Oct. 11, 2002
DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Romain Francois 6460 NW 20 Court #2R Sunrise, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Adeline Francene Fleuzema 2501 N. Andrews Ave. Wilton Manors, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Guillaume Eldieu 6410 SW 7 Avenue Margate, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jean-Rigaud Pierre 4410 NW 37 Street Lauderdale Lakes FL 33319
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Romain Francois*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-02 (954) 742-8716

CR2E037B (12/01)