## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # N99000003651 1. Entity Name 04-23-2001 90178 021 \*\*\*\*61 25 GRACE HAITIAN CHURCH INC. Principal Place of Business Mailing Address 715 S. FEDERAL HWY.. NO 723 715 S. FEDERAL HWY., NO 723 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0778093 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required SAME Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BELONY, ANDRE PASTOR 715 S. FEDERAL HWY., NO 723 **BOYNTON BEACH FL 33435** 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change TITI F TITLE ☐ Delete BELONY, MANITE NAME NAME STREET ADDRESS 1460 NW 1ST COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** □ Addition Detete TITLE Change TITLE NAME BELONY, ENOCK J NAME STREET ADDRESS STREET ADDRESS 1460 NW 1ST COURT CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33435 Change ☐ Addition TITLE Delete TITLE NAME NAME BEAUZIER, MAJORIE 605 SW. WLAG AVE STREET ADDRES STREET ADDRESS CITY=ST=ZIP CITY-ST-ZIP DELRAY BEACH FL 3344.5 - 🗀 Change ☐ Addition TITLE Detete TITLE NAME **DO**CILLA, JOSEPH STREET ADDRESS 6286 PINESTEAD DR #114 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Change ☐ Addition TITLE □ Delete NAME NAME 1301 S.W. 10th Ave ApT. # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: MINING OF PRINTED NAME OF SIGNING OFFICER OR CHRECTOR DELONY 4/15/01 36 - 243-155

changed, or on an attachn