

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90044 012 \*\*\*\*61.25  
 08-26-2002 90067 019 \*\*\*\*\*8.75

**DOCUMENT # N99000003651**

1. Entity Name

**GRACE HAITIAN CHURCH INC.**

Principal Place of Business

Mailing Address

715 S. FEDERAL HWY., STE #723  
 BOYNTON BEACH FL 33435

715 S. FEDERAL HWY., STE #723  
 BOYNTON BEACH FL 33435

2. Principal Place of Business

*715 S. Federal Hwy*

Suite, Apt. #, etc.

*Suite No = 723*

City & State

*BOYNTON BEACH, FL.*

Zip

*33435*

Country

*Palm Beach*

3. Mailing Address

*715 S. Federal Hwy.*

Suite, Apt. #, etc.

*Suite # 723*

City & State

*BOYNTON BEACH, FL.*

Zip

*33435*

Country

*Palm Beach*

6. Name and Address of Current Registered Agent

**BELONY, ANDRE PASTOR**

**715 S. FEDERAL HWY., NO 723  
 BOYNTON BEACH FL 33435**

4. FEI Number

**65-0778093**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

7. Name and Address of New Registered Agent

Name

*Same as #6*

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 *REV. ANDRE J. BELONY*

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

(NOTE: Registered Agent signature required when reinstating)

*Rev. Andre J. Belony*

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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 **D** ☒ Delete  
 NAME **BELANY, MANITE**  
 STREET ADDRESS **1460 NW 1ST COURT**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** ☒ Delete  
 NAME **BELANY, ENOCK J**  
 STREET ADDRESS **1460 NW 1ST COURT**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** ☒ Delete  
 NAME **BEAUZIER, MAJORIE**  
 STREET ADDRESS **637 NW 46 AVE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
 NAME **BELONY, MANITE**  
 STREET ADDRESS **1460 NW 1ST COURT**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE **D** ☒ Change ☐ Addition  
 NAME **BELONY, ENOCK J.**  
 STREET ADDRESS **1460 N.W. 1ST COURT**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE **D** ☒ Change ☐ Addition  
 NAME **ESTERLIN, MERITE**  
 STREET ADDRESS **1301 S.W. 10th Ave # 207**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E037 (4/02)

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: *REV. ANDRE J. BELONY* *Rev. Andre J. Belony 8/23/02 (561-901-2825)*