

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

DOCUMENT # N9900000 4255  
1. Entity Name



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 JUN 26 AM 10:45

*Eglise Baptiste Immanuel des Freres Unis Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1171 Sunset Trip  
Suite, Apt. #, etc.

3. Mailing Address  
4044 Inverrary Dr  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State SUNRISE Florida City & State Lauderhill Florida 4. FEI Number \_\_\_\_\_ Applied For \_\_\_\_\_  
Not Applicable

Zip 33313 Country \_\_\_\_\_ Zip 33319 Country \_\_\_\_\_ 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert Chery  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
4044 Inverrary Dr  
City Lauderhill 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

6/17/03  
DATE

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE	<u>Nicole Dieurestil</u>
NAME	<u>President</u>
STREET ADDRESS	<u>1352 N.E 13ct</u>
CITY-ST-ZIP	<u>Fort-Lauderdale Fla 33304</u>
TITLE	<u>Treasurer</u>
NAME	<u>Miskael Chery</u>
STREET ADDRESS	<u>231 N.W 195t</u>
CITY-ST-ZIP	<u>Pompano Beach 33060</u>
TITLE	<u>Treasurer Assistant</u>
NAME	<u>Maccia Pierre-Louis</u>
STREET ADDRESS	<u>800 Oleander DR</u>
CITY-ST-ZIP	<u>Plantation, Fla 33317</u>
TITLE	<u>Secretary</u>
NAME	<u>Ronald Pierre</u>
STREET ADDRESS	<u>2740 Somerset DR Apt # 116</u>
CITY-ST-ZIP	<u>Lauderdale Fla 33311</u>
TITLE	<u>Member advisor</u>
NAME	<u>Jonathos Carasco</u>
STREET ADDRESS	<u>2850 Sunrise Lakes DR #201</u>
CITY-ST-ZIP	<u>SUNRISE Fla 33322</u>
TITLE	<u>Sunday School Superintendent</u>
NAME	<u>Daniel Pierre</u>
STREET ADDRESS	<u>3813 East Wood Scape</u>
CITY-ST-ZIP	<u>MIRAMOR Fla 33623</u>

500021164375  
06/26/03--01084--003--\*\*61.25

**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 Robert Chery

6-17-03

954-733-2030

CR2E037B (12/02)