

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005588

1. Entity Name

PRIMITIVE HAITIAN CHURCH OF GOD, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-07-2000 90038 047 ****61.25

Principal Place of Business		Mailing Address	
2650 N.W. 64TH AVE., STE. 219 SUNRISE FL 33313		2650 N.W. 64TH AVE., STE. 219 SUNRISE FL 33313-2225	
2. Principal Place of Business		3. Mailing Address	
711 E Chateleine Blvd Deer Creek Beach FL 33445		711 E Chateleine Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
65-0950771		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PREMIER MANAGEMENT COMPANY 1437 N.E. 4TH AVE. FT. LAUDERDALE FL 33304		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
4-25-00			

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	CHRISTIAN REV. JEAN
NAME	CHRISTIAN MONARGENT, REV. JEAN	NAME	711 E CHATELAINE BLVD.
STREET ADDRESS	2650 N.W. 64TH AVE., STE. 219	STREET ADDRESS	DEER CREEK BEACH FL 33445
CITY-ST-ZIP	SUNRISE FL 33313	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	OBAS, MARC ANTOINE	NAME	
STREET ADDRESS	2421 S.W. 5TH PL.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	CHERISOL, DESTIN	NAME	
STREET ADDRESS	3590 N.W. 41ST ST.	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	JEUNE, JULIEN	NAME	
STREET ADDRESS	256 N.E. 14TH ST.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

0430-00 954-767-9149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (9/99)