

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90087 006 ****61.25

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1. Entity Name

CONFERENCE OF HAITIAN PASTORS UNITED IN CHRIST, INC.



Principal Place of Business

7321 NE 2ND AVE
MIAMI FL 33138

Mailing Address

P.O. BOX 01-6847
MIAMI FL 33101

360 NE 151 ST, Miami, FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0953696**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIEUX, HAROLD A REV

7321 NE 2ND AVE
MIAMI FL 33138

**360 NE 151 ST
Miami, FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PED**
STREET ADDRESS **VIEUX, HAROLD A REV**
CITY-ST-ZIP **1102 SW 162ND
MIAMI FL 33157**

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

TITLE ☐ Delete
NAME **TV**
STREET ADDRESS **SAINTUS, STEVE REV**
CITY-ST-ZIP **995 NE 124 ST STE 200
MIAMI FL 33161**

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

TITLE ☐ Delete
NAME **TC**
STREET ADDRESS **MAXY, WILMER REV**
CITY-ST-ZIP **7321 NE 2ND AVE
MIAMI FL 33138**

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

TITLE ☐ Delete
NAME **TAC**
STREET ADDRESS **JEAN, AMOS REV**
CITY-ST-ZIP **1000 NW 111 ST
MIAMI FL 33168**

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

TITLE ☐ Delete
NAME **TTR**
STREET ADDRESS **MOISE, JACQUES J**
CITY-ST-ZIP **7321 NE 2ND AVE
MIAMI FL 33138**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **NOREY, HENRI REV**
CITY-ST-ZIP **2950 NW 45 AVE
LAUDERDALE LAKES FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

9/5/03 (305) 949 2474

CR2E037 (4/03)