

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90035 033 \*\*\*\*61.25

**DOCUMENT # N99000006383**

1. Entity Name  
**SOUTH DADE HAITIAN UNITED METHODIST MISSION, INC**

Principal Place of Business <b>605 S.W. 6TH AVENUE HOMESTEAD FL 33030</b>	Mailing Address <b>605 S.W. 6TH AVENUE HOMESTEAD FL 33030-7151</b>
--	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOSNER, STEVEN D**  
**65 N.W. 16TH STREET**  
**HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**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	
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TRUSTEE</b> <input type="checkbox"/> Delete <b>MARCEUS, EMMANUEL</b> <b>605 S.W. 6TH AVENUE</b> <b>HOMESTEAD FL 33030</b>
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CHAIRMAN</b> <input type="checkbox"/> Delete <b>FLEURINE, ELOU</b> <b>605 S.W. 6TH AVENUE</b> <b>HOMESTEAD FL 33030</b>
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SECRETARY</b> <input type="checkbox"/> Delete <b>DORSAINVIL, ERNSO</b> <b>605 S.W. 6TH AVENUE</b> <b>HOMESTEAD FL 33030</b>
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **2/28/00 (305)242940**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)