

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000006383**

1. Entity Name

SOUTH DADE HAITIAN UNITED METHODIST MISSION, INC

Principal Place of Business

Mailing Address

**605 S.W. 6TH AVENUE
HOMESTEAD FL 33030****605 S.W. 6TH AVENUE
HOMESTEAD FL 33030**~~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

65-1021496

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

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TT MARCEUS, EMMANUEL 605 S.W. 6TH AVENUE HOMESTEAD FL 33030	<input type="checkbox"/>		
TC FLEURINE, ELOU 605 S.W. 6TH AVENUE HOMESTEAD FL 33030	<input type="checkbox"/>		
TS DORSAINVIL, ERNSO 605 S.W. 6TH AVENUE HOMESTEAD FL 33030	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

CR2E037 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

2/19/02**(305) 242404**