

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N99000006848

1. Entity Name

EGLISE BAPTISTE HAITIENNE MONT HOREB, INC.

**FILED**  
May 22, 2000 8:00 am  
Secretary of State

02-29-2000 90187 026 \*\*\*\*61.25

Principal Place of Business  
527 W PINE STREET  
ORLANDO FL 32805

Mailing Address  
527 W PINE STREET  
ORLANDO FL 32805

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
3012 Piedmont St  
Orlando FL 32805  
Suite, Apt. #, etc.

City & State  
Zip

City & State  
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3632843  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BELIZAIRE, PIERRE  
3012 PIEDMONT STREET  
ORLANDO FL 32805

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  
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

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	BELIZAIRE, PIERRE	
STREET ADDRESS	3012 PIEDMONT STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORQUET, MARC ANDRE F	
STREET ADDRESS	3012 PIEDMONT STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELIZAIRE, ISRAEL	
STREET ADDRESS	3012 PIEDMONT STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORQUET, FELICIA	
STREET ADDRESS	3012 PIEDMONT STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELIZAIRE, FRANKLYN	
STREET ADDRESS	3012 PIEDMONT STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELIZAIRE, CAROLE	
STREET ADDRESS	3012 PIEDMONT STREET	
CITY-ST-ZIP	ORLANDO FL 32805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ERTICILE VALCIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3012 Piedmont Street	
STREET ADDRESS	Orlando FL 32805	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

02-21-00 (407) 297-9701  
Date Daytime Phone #

CR2E037 (9/99)