

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006848

1. Entity Name

EGLISE BAPTISTE HAITIENNE MONT HOREB, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90129 030 ****61.25

Principal Place of Business

527 W PINE STREET
ORLANDO FL 32805

Mailing Address

3012 PIEDMONT STREET
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

527 W Pine street

Suite, Apt. #, etc.

3012 Piedmont st

City & State

ORLANDO, Florida

City & State

ORLANDO, Florida

Zip

32805

Country

U.S.A

Zip

32805

Country

U.S.A

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

BELZAIRE, PIERRE

3012 PIEDMONT STREET
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name

Pierre Belzaire

Street Address (P.O. Box Number is Not Acceptable)

3012 Piedmont st

City

ORLANDO

FL

Zip Code

32805

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 Pierre Belzaire

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

Pierre Belzaire

(NOTE: Registered Agent signature required when reinstating)

01-23-01

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	BELZAIRE, 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	BELZAIRE, 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	BELZAIRE, FRANKLYN	
STREET ADDRESS	3012 PIEDMONT STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELZAIRE, CAROLE	
STREET ADDRESS	3012 PIEDMONT STREET	
CITY-ST-ZIP	ORLANDO FL 32805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERTICILE VALCIN	
STREET ADDRESS	3012 Piedmont st	
CITY-ST-ZIP	ORLANDO FL 32805	
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: Pierre Belzaire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-23-01 (407) 299-9701

CR2E037 (10/00)