

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000002103

Entity Name: UNIVERSITY ECCLESIASTIC INC**Current Principal Place of Business:**12813 WEST DIXIE HIGH WAY
NORTH MIAMI, FL 33169**Current Mailing Address:**PO BOX
NORTH MIAMI, FL 33261 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MICHEL, JOUBERT
18249 SW 54 ST
MIRAMAR, FL 33029 US*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:** JOUBERT MICHEL

05/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LAFRANCE, WALTER
Address PO BOX
City-State-Zip: NORTH MIAMI FL 33261

Title VP
Name MICHEL, JOUBERT
Address 14500 NE 6TH AVE., UNIT B
City-State-Zip: NORTH MIAMI FL 33169

Title OFFICER
Name PIERRE, ELIE SR.
Address PO BOX 612802
NORTH
City-State-Zip: MIAMI, FL 33261

Title T
Name LAFRANCE, WALTER
Address 14500 NE 6TH AVE., UNIT B
City-State-Zip: NORTH MIAMI FL 33169

Title D
Name JEAN, HELLIO
Address 14500 NE 6TH AVE., UNIT B
City-State-Zip: NORTH MIAMI FL 33169

Title ASST. SECRETARY
Name OPHANOR, CANDY SR.
Address PO BOX 612802
NORTH
City-State-Zip: MIAMI, FL 33261

Title OTHER
Name SIMON, MARIE E
Address PO BOX
City-State-Zip: NORTH MIAMI FL 33261

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOUBERT MICHEL

VP

05/01/2022

Electronic Signature of Signing Officer/Director Detail

Date