

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90013 014 ****61.25

DOCUMENT # N00000006649

1. Entity Name
HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION INC.

LA

Principal Place of Business
8325
8325 NE 2 AVE
MIAMI FL 33138

Mailing Address
8325
8325 NE 2 AVE
MIAMI FL 33138

80065187



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8325 NE 2 AVE
 Suite, Apt. #, etc.

3. Mailing Address
8325 NE 2 AVE
 Suite, Apt. #, etc.

City & State
Miami FLA
 Zip
33138
 Country
Dade

City & State
Miami FLA
 Zip
33138
 Country
Dade

4. FEI Number
65-1057381
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
EDWARDS, DEBORAH
4960 SW 72 AVE #301
MIAMI FL 33155

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P DEROSE, PHILIPPE 420 NE 87 ST MIAMI FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REGOIS, WILNER 45 NE 54 ST MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LACASSE, WILLIAM 9220 FOUNTAINBLEAU BLVD APT 511 MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DACTOUR, GLADIMIR 500 NE 87 ST EL PORTAL FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEROSE, EMMANUEL 300 NW 36 ST MIAMI FL 33127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVERNE, JONAS 10011 RERINKLE ST MIRAMAR FL 33025 <input type="checkbox"/> Delete

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

9/8/01/3055823246

CR2E037 (5/01)