

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-04-2001 90062 015 ****70.00

DOCUMENT # N00000006964

1. Entity Name

HAITIAN AMERICAN NEWS SERVICES, INC.

Principal Place of Business

6416 NE 2ND AVE
 MIAMI FL 33138

Mailing Address

6416 NE 2ND AVE
 MIAMI FL 33138

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

65-1098107

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

MARDY, HANS
6416 NE 2ND AVE
MIAMI FL 33138

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
D HARDY, HANS
 STREET ADDRESS **1510 SW 87TH TERR**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE NAME Change Addition
Lucienne Matheliera
 STREET ADDRESS **1510 SW. 87 TERRACE**
 CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE NAME Delete
D SERAPHIN, KESNEL
 STREET ADDRESS **421 NE 138TH ST**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE NAME Change Addition

TITLE NAME Delete
D VIARD, EMILE
 STREET ADDRESS **130 NE 62ND ST**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change 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:

Mardy Hans **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2001 ⁽²⁰⁰⁵⁾
 Date Daytime Phone # **751 1415**

CR2E037 (10/00)