

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90172 042 ****61.25

DOCUMENT # NO1000006060

1. Entity Name

**THE HAITIAN AMERICAN LAW ENFORCEMENT OFFICERS AS
SOCIATION, INC.**



Principal Place of Business

880 NE 141 ST
N MIAMI FL 33161

Mailing Address

PO BOX 611983
N. MIAMI FL 33261

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 **65-1141495**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAFONTANT, YVES
860 NE 141 ST
N MIAMI FL 33161

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **DP**
STREET ADDRESS **LAFONTANT, YVES**
CITY-ST-ZIP **860 NE 141 ST
N MIAMI FL 33161**

TITLE Change Addition
NAME **MICHEL DAZA**
STREET ADDRESS **18620 N.W. 22ND AV. APT. 300**
CITY-ST-ZIP **MIA. FL 33056** **VICE PRESIDENT**

TITLE Delete
NAME **DVT**
STREET ADDRESS **HALABY, EDDIE**
CITY-ST-ZIP **8475 NW 34 MANOR
SUNRISE FL 33351**

TITLE Change Addition
NAME **FRANTZANGRAND**
STREET ADDRESS **1370 N.E. 207 TERRACE** **TREASURER**
CITY-ST-ZIP **MIA. FL. 33179**

TITLE Delete
NAME **DS**
STREET ADDRESS **DALLEMAND, LESLIE**
CITY-ST-ZIP **1501 SW 72ND AVE
PLANTATION FL 33317**

TITLE Change Addition
NAME **SHELLY DUPEA**
STREET ADDRESS **1925 NORMANDY DRIVE** **SECRETARY**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

YVES LAFONTANT PRESIDENT 07-24-03

786-306-4418

CR2E037 (4/03)