

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

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

5/5/

05-05-2003 90162 032 \*\*\*\*61.25

**DOCUMENT # N01000007842**

1. Entity Name  
**HAITIAN AMERICAN SCHOLARSHIP FUND, INC.**



Principal Place of Business  
**13018 NORTHEAST 8TH AVENUE  
NORTH MIAMI FL 33161**

Mailing Address  
**13018 NORTHEAST 8TH AVENUE  
NORTH MIAMI FL 33161**

**55045067**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-1152187**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MANUEL, JUSTIN</b>	
STREET ADDRESS	<b>13018 NORTHEAST 8TH AVENUE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GROGOIRE, JOSEE</b>	
STREET ADDRESS	<b>13018 NORTHEAST 8TH AVENUE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DESRAEUX, HUDES</b>	
STREET ADDRESS	<b>13018 NORTHEAST 8TH AVENUE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARILINE G. NELSON</b>	
STREET ADDRESS	<b>16783 SW 17 ST</b>	
CITY-ST-ZIP	<b>PEA BROKE PINES, FL 33027</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARILINE G. NELSON</b>	
STREET ADDRESS	<b>13018 NE 8 AVENUE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	
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		

CRPE037 (10/02)

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: *SPIEGEL & UTRERA* **4/29/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # \_\_\_\_\_