

NON-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 11 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05724**

1. Entity Name

**HAITIAN AMERICAN NURSES ASSOCIATION
OF FLORIDA, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO BOX 4933

3. Mailing Address

PO BOX 4933

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

592463138

Applied For

Not Applicable

Zip

33169

Country

DADE

Zip

33169

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARIE LILIANE FRENCH

Street Address (P.O. Box Number is Not Acceptable)

1400 SW 88 STREET

City

PEMBROKE PINES

FL

Zip Code

33025

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

10/8/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MARIE LILIANE FRENCH
1400 SW 88 street
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**500008307995--9
-10/10/02--01059--004
*****61.25 *****61.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ELIETTE SILVER
830 NW 140 TERRACE
MIAMI, FL 33168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MARLENE CESAR
2251 SW 106 AVENUE
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MARIE O. ETIENNE
19830 NE 14 AVE.
N. MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ANSSIE BLOT
14810 TETHERCLIFT Street
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GILBERTE PHILIPPE AUGUSTE
12021 NW 29 PLACE
SUNRISE, FL 33323**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/2002 954 433-7793

Date

Daytime Phone #