

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 008 ****70.00

DOCUMENT # *N05724*

1. Entity Name

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14810 TETHERCLIFT ST

3. Mailing Address

P.O. BOX 694933

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE FL.

City & State

MIAMI, FL.

4. FEI Number

59-2463138

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33269

Country

USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANSSIE BLOT

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

14810 TETHERCLIFT ST

City

DAVIE

FL

Zip Code

33331

**DO NOT WRITE
IN THIS SPACE**

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

Anssie Blot

ANSSIE BLOT

4-27-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

ANSSIE BLOT

14810 TETHERCLIFT ST

DAVIE FL. 33331

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FIRST VICE PRESIDENT

MARIE ETIENNE

19830 NE 14 AVE

NM B FL 33179

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECOND VICE PRESIDENT

ERIC PIERRE JEROME

151 SW 134 WAY # 303 N.

PEMBROKE PINES FL. 33027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TREASURER

YOLAINE NOZILE

6736 ROSE DRIVE

MIRAMAR FL. 33023

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ASSISTANT TREASURER

GILBERTE PHILIPPE AUGUSTE

12021 NW 29th PLACE

SUNRISE FL. 33323

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY

MARLENE DESJOURCES

1550 NW 159th AVE

PEMBROKE PINES FL. 33028

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Anssie Blot

ANSSIE BLOT, ASN

4-27-03 (954) 434 9618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)