

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90096 003 ****69.00

DOCUMENT # N19490
1. Entity Name
 GREATER MIAMI HAITIAN Federation.

Principal Place of Business
 GREATER MIAMI
 HAITIAN Federation

Mailing Address
 8057 W. McNab Rd.
 TAMARAC FL
 33321

2. Principal Place of Business
 8057 W. McNab Rd.
 Suite, Apt. #, etc. 8057

3. Mailing Address 7104 NW 68 St
 # SAME
 Suite, Apt. #, etc.

City & State
 TAMARAC Florida

City & State
 Tamarac FL

Zip 33321 **Country** Broward.

Zip 33321 **Country** Broward.

4. FEI Number
 65-0055187

Applied For
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent
 MIZEREL Robinson
 7104 N.W 68 Street
 TAMARAC FLORIDA 33321

7. Name and Address of New Registered Agent

Name Same

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 _____

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	
TITLE	President <input type="checkbox"/> Delete
NAME	Mizerel Robinson
STREET ADDRESS	7104 N.W 68 Street
CITY-ST-ZIP	TAMARAC FL. 33321
TITLE	Vic-President <input type="checkbox"/> Delete
NAME	George Hyman
STREET ADDRESS	4200 NW 35 Ave
CITY-ST-ZIP	Lauderdale Lakes FL 33309
TITLE	Secretary <input type="checkbox"/> Delete
NAME	Joyce Lynn Robinson
STREET ADDRESS	Coral Springs FL. 33065
CITY-ST-ZIP	
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	<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	
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	

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: Mizerel Robinson / Mizerel Robinson 4/2000 954 721-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)