

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90012 025 \*\*\*\*61.50

**DOCUMENT # N19490**

1. Entity Name

**GREATER MIAMI HAITIAN FEDERATION, INC.**

Principal Place of Business

8057 W MCNAB RD  
 8057  
 TAMARAC FL 33321  
 US

Mailing Address

7104 NW 68 ST  
 TAMARAC FL 33321  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0055187**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, MIZEREL**  
**7104 N.W. 68 STREET**  
**TAMARAC FL 33321**

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.

SIGNATURE

*Mizerel Robinson*

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

(NOTE: Registered Agent signature required when reinstating)

*4/23/02*

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	ROBINSON, MIZEREL V	
STREET ADDRESS	7104 NW 68 STREET	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	HYMAN, GEORGE	
STREET ADDRESS	4200 NW 35 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST. VIL, JEAN P	
STREET ADDRESS	7426 NE 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCMILLIAN, MARVA	
STREET ADDRESS	6848 SW 37 ST	
CITY-ST-ZIP	MARAMAR FL 33023	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	CAREY, HECTOR	
STREET ADDRESS	7104 NW 68B STREET	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBINSON, JOCELYN	
STREET ADDRESS	7104 NW 68 ST	
CITY-ST-ZIP	TAMARAC FL 33321	

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	
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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/02 . 984-721-3988*

Date

Daytime Phone #

CR2E037 (9/01)