

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30945

1. Entity Name

HAITIAN ORGANIZATION OF WOMEN, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90270 035 ****70.00

Principal Place of Business

Mailing Address

162 SW FIRST AVE
 HOMESTEAD FL 33030
 US

162 SW FIRST AVE
 HOMESTEAD FL 33030-7008
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0341706

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

7. Name and Address of New Registered Agent

DUCENA, MICHELINE
17781 S.W. 113 AVENUE
MIAMI FL 33157

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

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

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 NAME **ARRIEUZ, GERALDE**
 STREET ADDRESS **10540 S.W. 163 STREET**
 CITY-ST-ZIP **MIAMI FL 33157**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD Delete
 NAME **CELINE, JACOB**
 STREET ADDRESS **9113 SW 108 CIRCLE CT**
 CITY-ST-ZIP **MIAMI FL 33176**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD Delete
 NAME **DESROULEAUX, EVELYNE**
 STREET ADDRESS **12600 SW 189 ST.**
 CITY-ST-ZIP **MIAMI FL**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPD Delete
 NAME **SIMEON, MARIE JOSEE**
 STREET ADDRESS **11310 SW 153RD ST.**
 CITY-ST-ZIP **MIAMI FL 33157**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change 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)(f), 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:

SIGNATURE EQUIPED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Micheline Ducena

4/28/2000 (315) 2458158
 Date Daytime Phone #

CR2E037 (9/99)