

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90123 013 ****70.00

DOCUMENT # N30945

1. Entity Name

HAITIAN ORGANIZATION OF WOMEN, INC. ✓

Principal Place of Business

162 SW FIRST AVE
 HOMESTEAD FL 33030
 US

Mailing Address

162 SW FIRST AVE
 HOMESTEAD FL 33030
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0341706

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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:
SEE 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

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

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

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

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

Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Additio

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Micheline Ducena **Micheline Ducena** 3-28-01 305-245-815

Date

Day/Time Phone #