

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90066 016 \*\*\*\*70.00

DOCUMENT # N30945

1. Entity Name  
**Haitian Organization of Women, Inc.**  
**162 SW First Ave, Homestead, FL 33030**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**162 SW First Ave Homestead, FL**

3. Mailing Address  
**162 SW First Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Homestead, Florida**

City & State  
**Homestead, Florida**

4. FEI Number  
**65-0341706**

Applied For  
Not Applicable

Zip  
**33030**

Country  
**Dade**

Zip  
**33030**

Country  
**Dade**

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Micheline Ducena**

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

**17781 SW 113 Ave**

City  
**Miami, FL** Zip Code  
**33157**

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  **Micheline Ducena, Executive Director** 4/25/02

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  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairperson Kathleen Voltaire 15601 SW 137 Ave Miami, FL 33177</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Marie-Therese Zenon 11271 SW 112 CT Miami, FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jean Desrouleaux 12600 SW 189 Street Miami, FL 33177</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secrétary Yolaine Numã 12125 SW 1871 Street Miami, FL 33177</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Micheline Ducena Executive Director 17781 SW 113 Ave Miami, FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(l), 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: 

**Micheline Ducena, Exec. Director 4/25/02**