## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT # N30945**

1. Entity Name

Principal Place of Business

HAITIAN ORGANIZATION OF WOMEN, INC.



**FILED** Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90155 013 \*\*\*\*61.25

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| 2. Principal P   | Place of Busin   | 1000  | 1 a Maili                                    | ing Address   |   |  |   |   |   |                                |  |  |
|  |  |   |  | 62 SW First Avenue                                      |   |  |   | 1 10011101 01                                       | 00 \$1111 0051 <b>6</b> 10151 01091 0111 0101                       | I BIBII EIBII BIBII BEB        | IA 040A 100A                           |  |
| Suite, Apt.  |  | avende  |  | te, Apt. #, etc.  | went  | le   |   | P   | CHECK HERE IF MAK   | KING CHANGES                   |  |  |
| City & State   |  |   | City & State                                 |   |   |  |   | 4. FEI Number 65-0341706 Applied For                |   |                                |  |  |
|  |  |   |  | Homestead, Florida                                      |   |  |   |   |   |                                | ot Applicable                          |  |
| Zip  | · ·  |   |  | Zip Country  O30 Dade                                   |   |  |   | 5. Certificate o                                    | of Status Desired   | \$8.75 Ad                      |  |  |
| 33030  | 6 Name   | Dade and Address of Current   | 3303   |   | Dad   | e  |   | 7 Name and /  | Address of New Register   | Fee Require                    | <del></del>                            |  |
| <del></del>  | o, maine   | und Addition of Current   | negistere                                    | u Ageill  | <del></del>   | Name   |   |   |   |                                |  |  |
| DUCENA, MICHELINE<br>17781 S.W. 113 AVENUE<br>MIAMI FL 33157   |  |   | * - <del></del> -                            | Street Ac   |   |  | Micheline Ducena Street Address (P.O. Box Number is Not Acceptable) |   |   |                                |  |  |
|  |  |   |  |   |   |  | uuiess (r   | .O. Box Number                                      | is Not Acceptable)  |                                |  |  |
|  |  |   |  |   |   |  | 31 SW   | SW 113th Avenue                                     |   |                                |  |  |
|  |  |   |  |   |   | City<br><b>Mia</b>   | ami. ]  | Florida   |   | FL   Zip Cod                   | e                                      |  |
| 8. The above the obligat   | named entitions of regist  |   | r the purpo                                  |   |   | ed office or   | registere   |   |   | am familiar with,              |  |  |
|  | Signature typed  | or printed name of registered agent a   | and title if appli                           | cable. (NOTE  | : Registere   | d Agent signatu  | ure required v  | when reinstating)                                   | DA  | NTE.                           |  |  |
| FILE NOW: FEE IS \$61.25   |  |   |  | 9. Election Campaign Financing Trust Fund Contribution. |   |  |   | <b>\$5.00</b> May Be<br>Added to Fees               |   | neck Payable<br>partment of \$ |  |  |
|  |  |   | ]  |   |   |  |   |   |   |                                |  |  |
| 10.  |  | OFFICERS AND DIF  | RECTORS                                      |   | 11.   |  | Ä   | DDITIONS/CHAI                                       | NGES TO OFFICERS AND  | D DIRECTORS IN                 | 110                                    |  |
| TITLÉ  | CP<br>VOLTAIDE   |   | RECTORS                                      | <b>▼</b> Delete   | TITLE   |  |   | DDITIONS/CHAI                                       | NGES TO OFFICERS AND  | D DIRECTORS IN                 | 1 10 Addition                          |  |
| TITLÉ<br>NAME  | VOLTAIRE,  | KATHLEEN  | RECTORS                                      | <b>▼</b> Delete   | TITLE   | E  | Chai  |   |   |                                |  |  |
| TITLÉ  | VOLTAIRE,<br>15601 SW  | KATHLEEN<br>137 AVE   | RECTORS                                      | <b>▼</b> Delete   | TITLE<br>NAMI<br>STRE   | E<br>Et address  | Chai<br>Rev.<br>106   | rperson<br>Robes Ch<br>S.E. 4th                     | narles<br>Drive   |                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VOLTAIRE,  | KATHLEEN<br>137 AVE   | RECTORS                                      |   | TITLE<br>NAMI<br>STRE<br>CITY   | E<br>ET ADDRESS<br>-ST-ZIP   | Chai<br>Rev.<br>106   | rperson<br>Robes Ch<br>S.E. 4th                     | narles  | <b>⊠</b> Change                | ☐ Addition                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | VOLTAIRE,<br>15601 SW  | KATHLEEN<br>137 AVE<br>33177  | RECTORS                                      | ▼ Delete  □ Delete                                      | TITLE<br>NAMI<br>STRE   | E<br>Et address<br>-st-zip   | Chai<br>Rev.<br>106   | rperson<br>Robes Ch<br>S.E. 4th                     | narles<br>Drive   |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | VOLTAIRE,<br>15601 SW<br>MIAMI FL<br>T   | KATHLEEN<br>137 AVE<br>33177<br>ARIE T  | RECTORS                                      |   | TITLE NAMI STRE CITY TITLE  | E<br>Et address<br>-st-zip   | Chai<br>Rev.<br>106   | rperson<br>Robes Ch<br>S.E. 4th                     | narles<br>Drive   | <b>⊠</b> Change                | ☐ Addition                             |  |
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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 REQUIRED Micheline Ducena SIGNATURE: