

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90021 003 ****75.00

DOCUMENT # N31367

1. Entity Name

CENTER FOR HAITIAN STUDIES, INC.

Principal Place of Business

Mailing Address

**8260 N.E. 2ND AVE
 MIAMI FL 33138
 US**

~~XXXX NE 2ND AVE~~ **8260 NE 2nd Ave.
 MIAMI FL 33138-3815
 Miami, Florida
 33138-3815**

2. Principal Place of Business

8260 N.E. 2nd Avenue

3. Mailing Address

8260 N.E. 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33138-3815

City & State

Miami, FL 33138-3815

4. FEI Number

65-0136723

Applied For
 Not Applicable

Zip

33138-3815

Country

USA

Zip

33138-3815

Country

USA

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

**PIERRE, LAURINUS
 7736 EMBASSY BLVD
 MIRAMAR FL 33023**

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

TITLE Delete
 NAME **PD PIERRE, LAURINUS**
 STREET ADDRESS **7736 EMBASSY BLVD**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T CARMEUS, JACOB**
 STREET ADDRESS **2525 N. STATE ROAD 7-#205**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD SMITH, PRINCE**
 STREET ADDRESS **1425 N.W. 10TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **C PAGE, J. BRYAN**
 STREET ADDRESS **12401 S.W. 84TH COURT**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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)(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: *Laurinus Pierre*
Laurinus Pierre, F.M.D., J.M.P.H., Director 01/18/00 (305) 757-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)