

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90003 021 ****75.00

DOCUMENT # N31367

1. Entity Name

CENTER FOR HAITIAN STUDIES, INC. CA

Principal Place of Business

Mailing Address

8260 N.E. 2nd Avenue
 Miami, Florida 33138-3815
 US

SAME

80059437

2. Principal Place of Business

8260 N.E. 2nd Avenue
 Suite, Apt. #, etc.

3. Mailing Address

8260 N.E. 2nd Avenue
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami, Florida

City & State
 Miami, Florida

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, FLORIDA 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	PD	<input type="checkbox"/> Delete
NAME	PIERRE, LAURINUS	
STREET ADDRESS	7736 EMBASSY BLVD.	
CITY-ST-ZIP	MIRAMAR, FLORIDA 33023	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> Delete
NAME	CARMEUS, JACOB	
STREET ADDRESS	6151 MIRAMAR PARKWAY, #216	
CITY-ST-ZIP	MIRAMAR, FLORIDA 33023	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, PRINCE	
STREET ADDRESS	1425 N.W. 10TH AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	C	<input type="checkbox"/> Delete
NAME	PAGE, J. BRYAN	
STREET ADDRESS	12401 S.W. 84TH COURT	
CITY-ST-ZIP	MIAMI, FLORIDA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, M.D., M.P.H., EXEC. DIRECTOR

06/21/01

(305)757-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)