

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90162 001 ****75.00

DOCUMENT # N31367
 1. Entity Name
CENTER FOR HAITIAN STUDIES, INC.

Principal Place of Business 8260 N.E. 2ND AVE MIAMI FL 33138-3815 US	Mailing Address 8260 N.E. 2ND AVE MIAMI FL 33138-3815 US
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2. Principal Place of Business 8260 N.E. 2ND AVENUE Suite, Apt. #, etc.	3. Mailing Address 8260 N.E. 2ND AVENUE Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-0136723	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33138-3815	Country USA	Zip 33138-3815	Country USA



6. Name and Address of Current Registered Agent

PIERRE, LAURINUS
-7736 EMBASSY BLVD
MIRAMAR FL 33023

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: 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERRE, LAURINUS 7736 EMBASSY BLVD MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARMEUS, JACOB 6151 MIRAMAR PARKWAY, #216 MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, PRINCE 1425 N.W. 10TH AVE. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAGE, J. BRYAN 12401 S.W. 84TH COURT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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, EM. DE. M.P.H.C. EXEC. DIRECTOR **01/18/02** **(305) 757-9555**

CR2E037 (9/01)