

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

U044911

**DOCUMENT # N33543**

1. Entity Name

**HAITIAN-AMERICAN ASSOCIATION OF ENGINEERS AND SC**

03-19-2001 90074 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 693072  
 MIAMI FL 33269-9998

PO BOX 693072  
 MIAMI FL 33269-9998

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0198172**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DORESTANT, NOE**  
**14640 NW 15 DRIVE**  
**MIAMI FL 33167**

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 NAME	DPR ELIZE, IRVING	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1040 NE 85TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE NAME	DVS LEVEILLE, MARC ANTOINE	<input type="checkbox"/> Delete
STREET ADDRESS	11640 SW 92 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	CD DORESTANT, NOE	<input type="checkbox"/> Delete
STREET ADDRESS	14640 NW 15 AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE NAME	DT MAX E MASSAC PE	<input type="checkbox"/> Delete
STREET ADDRESS	17501 NW 49 AVE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE NAME	D JOLIBOIS, SYLVAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	FIU DEPT EAS 3755/ 1055 W FLAGLER ST	
CITY-ST-ZIP	FLINTERNATIOAL UNIV FL 33199	
TITLE NAME	VC PREAL, ROMAIN	<input type="checkbox"/> Delete
STREET ADDRESS	18311 NW 2ND COURT	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE NAME	D BOSQUET LOUIS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PO BOX 4041	
CITY-ST-ZIP	JACKSONVILLE, FL 32201	
TITLE NAME	V LEVEILLE, MARC ANTOINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	116-40 S.W. 92 ST	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Jean Baptiste Olivier	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	116-40 SW 92 ST	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2001

305-685-7687

Date

Daytime Phone #

CR2E037 (10/00)