

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90026 012 ****61.25

DOCUMENT # N33543

1. Entity Name

HAITIAN-AMERICAN ASSOCIATION OF ENGINEERS AND SCIENTISTS, INC.

Principal Place of Business

Mailing Address

PO BOX 693072
 MIAMI FL 33269-9996

PO BOX 693072
 MIAMI FL 33269-9996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0198172

Applied For

Not Applicable

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/2002

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	D	<input checked="" type="checkbox"/> Delete
NAME	LOUIS BOSQUET	
STREET ADDRESS	PO BOX 4041	
CITY-ST-ZIP	JACKSONVILLE FL 32201	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEVELLE, MARC A	
STREET ADDRESS	116 40 SW 92 ST	
CITY-ST-ZIP	MIAMI-FL 33176	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DORESTANT, NOE	
STREET ADDRESS	14640 NW 15 AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MAX E MASSAC PE	
STREET ADDRESS	17501 NW 49 AVE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEAN-BAPTISTE, OLIVER	
STREET ADDRESS	116 40 SW 92 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VC	<input type="checkbox"/> Delete
NAME	PREAL, ROMAIN	
STREET ADDRESS	18311 NW 2ND COURT	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOCELYN DAVID	
STREET ADDRESS	6420 SW 138 COURT #100	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER KAMMEYER	
STREET ADDRESS	5913 PLAINVIEW RD.	
CITY-ST-ZIP	BETHESDA, MD 20817	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREAL ROMAIN	
STREET ADDRESS	18311 NW 2ND COURT	
CITY-ST-ZIP	MIAMI, FL 33169	

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2002
 Date

305-685-7687
 Daytime Phone #

CR2E037 (9/01)