

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90070 048 ****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 33269-9998 **PO BOX 693072 MIAMI FL 33269-9998**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address 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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
DORESTANT, NOE
14640 NW 15 DRIVE
MIAMI FL 33167

7. Name and Address of New Registered Agent
Name **David, Jocelyn**
Street Address (P.O. Box Number is Not Acceptable) **6420 SW 138th Ct. Unit 103**
City **Miami, FL** Zip Code **33183**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jocelyne David* **Jocelyne David** **3/21/03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	JOCELYN, DAVID
STREET ADDRESS	6420 SW 138 COURT #100
CITY-ST-ZIP	MIAMI FL 33183
TITLE	V <input type="checkbox"/> Delete
NAME	LEVEILLE, 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	KAMMEYER, PETER
STREET ADDRESS	5913 PLAINVIEW ROAD
CITY-ST-ZIP	BETHESDA MD 20817
TITLE	S <input type="checkbox"/> Delete
NAME	PREAL, ROMAIN
STREET ADDRESS	18311 NW 2ND COURT
CITY-ST-ZIP	MIAMI FL 33169

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	David, Jocelyn <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6420 SW 138th Court Unit #103
STREET ADDRESS	Miami, FL 33183
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castor, Sevigne
STREET ADDRESS	10353 SW 9th Lane
CITY-ST-ZIP	Pembroke Pines, FL 33025
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 I am empowered.

SIGNATURE: *Jocelyne David* **Jocelyne David** **3/21/03**

CR2E037 (10/02)