

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **45408**
 1. Entity Name
HAITIAN CENTER FOR FAMILY SERVICES, INC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 01 NOV 19 PM 2:19

Principal Place of Business Mailing Address
HAITIAN CENTER for **2715 N. Australian Ave.**
FAMILY SERVICES, INC. **WEST PALM BEACH, FL**
33407

900004706639--5
 -12/05/01--01074--013
 *****61.25 *****61.25

2. Principal Place of Business: **SAME AS ABOVE**
 Suite, Apt. #, etc.

3. Mailing Address: **SAME AS ABOVE**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: **WEST PALM BEACH, FL**

Zip: **33407** Country: **FL**

4. FEI Number **65-0293545** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBERT ARRIEUX

7. Name and Address of New Registered Agent
 Name **ROBERT ARRIEUX**
 Street Address (P.O. Box Number is Not Acceptable)
2715 N. AUSTRALIAN AVE
 City **WEST PALM BEACH** FL Zip Code **33407**

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]* DATE **9/13/01**
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
After September 12, 2001, min. will be \$236.25

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	CHAIRMAN D <input type="checkbox"/> Delete
NAME	PATRICK LECONTE
STREET ADDRESS	2000 PGA BLVD #13120
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SECRETARY S <input type="checkbox"/> Delete
NAME	ROODY BARTHELEMY
STREET ADDRESS	P.O. BOX 20813 N/A
CITY-ST-ZIP	WEST PALM BEACH, FL 33416
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VICE-CHAIR I <input type="checkbox"/> Delete
NAME	FRANZ THONY
STREET ADDRESS	11204 MAHOGANY DR
CITY-ST-ZIP	BOYNTON BCH, FL 33436
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MEMBER T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL WASHINGTON
STREET ADDRESS	THE TREASURY
CITY-ST-ZIP	2715 N. AUSTRALIAN AVE W.P.B. FL 33407
TITLE	MEMBER T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FATHER ROLAND DESOCHNEUX
STREET ADDRESS	2715 N. AUSTRALIAN AVE
CITY-ST-ZIP	W.P.B. FL 33407
TITLE	MEMBER T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABINE JACQUES PHILIPPE
STREET ADDRESS	2715 N. AUSTRALIAN AVE
CITY-ST-ZIP	W.P.B. FL 33407
TITLE	MEMBER D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Arrieux
STREET ADDRESS	2715 N. Australian Ave
CITY-ST-ZIP	W.P.B. FL 33407
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: *[Signature]* DATE: **9/13/01**

CR2E037 (5/01)