

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004935

1. Entity Name

UNITED HAITIANS ASSOCIATION OF SOUTHWEST FLORIDA

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90142 044 ****61.25

Principal Place of Business

Mailing Address

2301 FOWLER ST
 SUITE 5
 FORT MYERS FL 33901

PO BOX 656
 FORT MYERS FL 33902-0656
 US

2. Principal Place of Business

1944 WINKLER AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS

City & State

4. FEI Number

65-0535712

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENAGER, EMMANUEL B.
 629 SW 21ST TERRACE
 CAPE CORAL FL 33991

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 | PD | <input type="checkbox"/> Delete |
| NAME | MENAGER, EMMANUEL B. | |
| STREET ADDRESS | 629 SW 21ST TERRACE | |
| CITY-ST-ZIP | CAPE CORAL FL 33991 | |
| TITLE | VPSD | <input type="checkbox"/> Delete |
| NAME | YVES BENOIT | |
| STREET ADDRESS | 618 DAYTON AVE | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BEAUBRUN, MARIE | |
| STREET ADDRESS | 4322 PALM TREE BLVD | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Emmanuel Menager* EMMANUEL MENAGER 941-458-1934
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/18/2000 Daytime Phone #

CR2E037 (9/99)