

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90170 029 ****61.25

DOCUMENT # N95000000156

1. Entity Name

HAITIAN-AMERICAN CENTER FOR ECONOMIC AND PUBLIC AFFAIRS (HACEPA), INC.

Principal Place of Business

Mailing Address

12320 NE 6TH AVENUE
 N MIAMI FL 33161

12320 NE 6TH AVENUE
 N MIAMI FL 33161

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

65-0672400

Applied For

Not Applicable

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

CANTAVE, JEAN-CLAUDE P
1970 N.W. 180TH ST.
MIAMI FL 33056

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	DP	<input type="checkbox"/> Delete
NAME	CANTAVE, JEAN-CLAUDE P	
STREET ADDRESS	1970 NW 180TH ST	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JEAN-LOUIS, ROLAND DR.	
STREET ADDRESS	13785 NW 5TH AVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	T	<input type="checkbox"/> Delete
NAME	DESTINE, JEAN-CLAUDE	
STREET ADDRESS	345 NW 101ST ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONDESIN, LEON T	
STREET ADDRESS	580 NE 133RD ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIRVILLE, ERNST	
STREET ADDRESS	2020 W ALCAZAR DR	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARCHET, FLAYEL	
STREET ADDRESS	7624 N.E. 2ND AVE	
CITY-ST-ZIP	MIAMI FL	

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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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: Jean-Claude P. Cantave President
 Jean-Claude P. Cantave 4-27-2002 (305) 899-7712

CR2E037 (9/01)