

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002068

1. Entity Name

THE HAITIAN CORPORATION FOR MUSICAL DEVELOPMENT

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

02-25-2000 90004 035 ****61.25

Principal Place of Business

12101 N.W. 21ST PL.
MIAMI FL 33167

Mailing Address

P.O. BOX 680696
MIAMI FL 33168-0696
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0669331

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STARR, GREGORY S
601 S ANDREWS AVE
2ND FL
FT LAUDERDALE FL 33301

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	☐ Delete
NAME	JOSEPH, ANTOINE ROMEL	
STREET ADDRESS	11925 NE 2 AVE, B-205	
CITY-ST-ZIP	N MIAMI FL	
TITLE	S	☒ Delete
NAME	DUPERVAL, MARIO	
STREET ADDRESS	13180 NW 8 AVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	T	☐ Delete
NAME	JOSEPH, SHERRY	
STREET ADDRESS	11925 NE 2 AVE, B205	
CITY-ST-ZIP	N MIAMI FL	
TITLE	T	☐ Delete
NAME	MICHEL, ARCHANGE	
STREET ADDRESS	1851 N GLADES DR #4	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
TITLE	T	☒ Delete
NAME	NACIER, MARIE EVELYNE	
STREET ADDRESS	4340 NW 168 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	☐ Change ☒ Addition
NAME	Pierre Leroy	
STREET ADDRESS	17210 N.W. 46th Ave.	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	T	☐ Change ☒ Addition
NAME	Frantz Marcelin	
STREET ADDRESS	445 N.E. 164th Terr.	
CITY-ST-ZIP	North Miami Beach, FL 33162	
TITLE	T	☐ Change ☒ Addition
NAME	Hermanise Jean-Pierre	
STREET ADDRESS	1516 N.E. 1st Ct.	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	T	☐ Change ☒ Addition
NAME	Rose Louissaint	
STREET ADDRESS	2935 Donald Road	
CITY-ST-ZIP	Lake Worth, FL 33435	
TITLE	T	☐ Change ☒ Addition
NAME	Jolius Tinhomme	
STREET ADDRESS	12101 N.W. 21st Pl.	
CITY-ST-ZIP	Miami, FL 33167	
TITLE		☐ Change ☐ 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: *Antoine Romel Joseph* REQUA: Romel Joseph

2/16/00

(305) 899-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)