2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State
02-27-2001 90001 015 ****61.25

0042787

DOCUMENT # N96000002068

1. Entity Name

THE HAITIAN CORPORATION FOR MUSICAL DEVELOPMENT

Principal Place of Business	Mailing Address
12101 N.W. 21ST PL MIAMI FL 33167	P.O. BOX 680696 MIAMI FL 33168 US

L00024322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11925 N.E. 2nd Ave.	
Suite, Apt. #, etc. Suite B-205	Suite, Apt. #, etc.
City & State North Miami, FL	City & State
Zip 33161	Zip
Country USA	Country

4. FEI Number 65-0669331 ☐ Applied For ☐ Not Applicable

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOSEPH, ANTOINE ROMEL 11925 NE 2 AVE , B-205 N MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Zip is 33161	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEROY, PIERRE 17210 NW 46TH AVE MIAMI FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leroy, Pierre 3231 Jasper Way Miramar, FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOSEPH, SHERRY 11925 NE 2 AVE, B205 N MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Zip is 33161	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MICHEL, ARCHANGE 1851 N GLADES DR #4 N MIAMI BCH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Tinhomme, Jolius 12101 NW 21st PL Miami, FL 33167	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARCELIN, FRANTZ 445 NE 164TH TERR N MIAMI BEACH FL 33162	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JEAN-PIERRE, HERMANISE 1516 NE 1ST CT BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED 2/17/01 (305) 899-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #