

2000 UNIFORM BUSINESS REPORT **9900**

Patrice

DOCUMENT # **N97000000443**
 1. Entity Name **Society of Haitian American Professionals**

FILED
 00 SEP 28 AM 9:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Madison Bldg. miami, Florida 33161**
 Mailing Address **1005 N.E. 125th miami, FL 33161**

2. Principal Place of Business **Madison Bldg. 1005 N.E. 125th St.**
 Suite, Apt. #, etc. **1005 N.E. 125th St.**
 3. Mailing Address **1005 N.E. 125th St.**
 Suite, Apt. #, etc. **n/a**

DO NOT WRITE IN THIS SPACE

City & State **Miami, Florida** City & State **Miami, Florida**
 Zip **33161** Country **USA** Zip **33161** Country **USA**

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Same →

7. Name and Address of New Registered Agent
 Name **Bayard P. LOUIS**
 Street Address (P.O. Box Number is Not Acceptable) **16950 W. Dixie Highway (unit 633A)**
 City **N.M. Bch** FL Zip Code **33160**

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 *Bayard P. Louis* DATE **8/30/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	President / Chair - <input type="checkbox"/> Delete Ciepsie Mcclusperson 170 NW 196th St Miami, FL 33125
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Delete Bayard P. LOUIS 16950 W. Dixie Hwy (unit 633A) N.M. Bch., FL 33160
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete Phillip Neptune 1235 N.E. 136th St Miami, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Public Relations <input type="checkbox"/> Delete Jacques Pierre-Louis 19900 N.E. Ives Dairy Rd. Miami, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Economic Development <input type="checkbox"/> Delete Marc Villien 13150 NW 127th St Miami, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Events Coordinator <input type="checkbox"/> Delete Marie-Florence Bell 401 N.E. 40th St. Miami, FL 33161

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003423552--1 -10/12/00--01095--006 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003423552--1 -10/12/00--01095--007 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003423552--1 -10/12/00--01095--008 *****8.75 *****8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bayard P. Louis* DATE **8/30/00** (305) 673-7311
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (9/99)

TO WHOM IT MAY CONCERN

DATE : AUGUST 15,2000

DEAR SIR/MADAME

The Society of Haitian American Professional was informed recently that the non - profit corporation license has been dissolved .The organization never received the notice for the 1999 fees. We would like the late fees to be waved for that particular year. Therefore, we send a check for the amount of \$61.25 for year 1999 and \$61.25 for year 2000 and \$8.50 for the certificate of status as the reinstatement payment. We also want to reassure you that will never happen again in the future.

Thank you,



BAYARD LOUIS