

**2001 UNIFORM BUSINESS REPORT (UBR)**

9/10/01-90067-001-\$61.25-\$61.25  
 \* 9/10/01-90067-002-\$8.75-\$8.75

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 SEP 24 PM 1:23

78113  
 DO NOT WRITE IN THIS SPACE

DOCUMENT # <b>N971000000443</b>	
1. Entity Name <b>SOCIETY OF HAITIAN AMERICAN PROFESSIONALS AND ENTREPRENEURS</b> (LA)	
Principal Place of Business	Mailing Address
2. Principal Place of Business <b>1035 NE 125 Street</b> Suite, Apt. #, etc. <b>Suite 201</b> <b>N. MIAMI FL 33160</b> City & State <b>N. MIAMI</b> Zip <b>33161</b>	3. Mailing Address <b>1035 NE 125 Street</b> Suite, Apt. #, etc. <b>Suite 201</b> <b>N. MIAMI FL 33160</b> City & State <b>N. MIAMI</b> Zip <b>33161</b>
4. FEI Number <b>65-1050902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SAME</b>	
7. Name and Address of New Registered Agent Name: <b>BAYARD PIERRE LOUIS</b> Street Address (P.O. Box Number is Not Acceptable): <b>16950 WEST DIXIE HIGHWAY #622A</b> <b>N. MIAMI BEACH FL</b> City: <b>N. MIAMI BEACH</b> FL Zip Code: <b>33160</b>	
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: <b>BAYARD Pierre Louis</b> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE	
FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Make Check Payable to - Department of State	
10. OFFICERS AND DIRECTORS <b>CHAIRPERSON</b>	
TITLE: <b>CHAIRPERSON</b> NAME: <b>GEISIE M. METELOS</b> Delete <input type="checkbox"/> STREET ADDRESS: <b>111 N.W. 1ST STREET STE 220</b> CITY-ST-ZIP: <b>MIAMI FL 33128</b>	TITLE: <b>FUND RAISING COORDINATOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>MARIE FLORENCE BEA</b> STREET ADDRESS: <b>N. MIAMI FL 33160</b> CITY-ST-ZIP: <b>1035 NE 108VE 125 Street</b>
TITLE: <b>TREASURER</b> NAME: <b>BAYARD PIERRE LOUIS</b> Delete <input type="checkbox"/> STREET ADDRESS: <b>16950 WEST DIXIE HIGHWAY #622A</b> CITY-ST-ZIP: <b>N. MIAMI BEACH FL 33160</b>	TITLE: <b>SECRETARY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>PHILIPPE PERTUNE</b> STREET ADDRESS: <b>1255 NE 136 TER</b> CITY-ST-ZIP: <b>N. MIAMI FL 33160</b>
TITLE: <b>VICE CHAIRPERSON</b> <input type="checkbox"/> Delete NAME: <b>AUDE SICARD</b> STREET ADDRESS: <b>601 N.W. 161 AVE</b> CITY-ST-ZIP: <b>PENROKE LINES 33028</b>	TITLE: <b>PUBLIC RELATIONS COMMITTEE CHAIR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>JACQUES PIERRE LOUIS</b> STREET ADDRESS: <b>442 NE 195 STREET APT 209</b> CITY-ST-ZIP: <b>MIAMI FL 33179</b>
TITLE: <b>MEMBERSHIP COMMITTEE CHAIR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>SEAN MONESTHE</b> STREET ADDRESS: <b>6212 N.W. 201 TER</b> CITY-ST-ZIP: <b>MIAMI FL 33015</b>	TITLE: <b>SP</b>
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: <b>BAYARD Pierre Louis</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	

CR2E (11/00)