

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 OCT 24 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

678540

DOCUMENT # *N97000000443*  
1. Entity Name  
*SOCIETY OF HAITIAN-AMERICAN PROFESSIONALS*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*16950 WEST DIXIE Hwy*  
Suite, Apt. #, etc.  
*Suite 633*  
City & State  
*North Miami FL 33160*  
Zip Country

3. Mailing Address  
*16950 West Dixie Hwy*  
Suite, Apt. #, etc.  
*Suite 633*  
City & State  
*North Miami FL 33160*  
Zip Country

4. FEI Number  
*65-1050902*  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
*Bayard Pierre Louis*  
Street Address (P.O. Box Number is Not Acceptable)  
*9721 WEST ELM LANE*  
*MIRAMAR FL 33025*  
City 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 *Bayard Pierre Louis*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FEES IS \$61.25  
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>GEPSIE METEUS D</i> <i># 110</i> <i>5000 BISCAYNE BLV MIAMI FL 33132</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CHAIRPERSON</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bayard Pierre Louis D</i> <i>9721 West Elm Lane Miramar FL 33025</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURY</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MARIE Bell. FLORENCE</i> <i>1035 NE 10 Ave, 125 Street #205</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>EVENT COORDINATOR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PHILIPS NEPTUNE D</i> <i>164 NE 162 Street MIAMI FL 33122</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DO NOT WRITE IN THIS SPACE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jacqueline Pierre Louis</i> <i>2701 NE 199 Street MIAMI FL 33170</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MEMBER AT LARGE</i>

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bayard Pierre Louis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/23/02* *786-2262602*  
Date Daytime Phone #