

## 2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90716 015 \*\*\*\*61.25

0012409

**DOCUMENT # N98000002988**  
1. Entity Name  
**THE HAITIAN AMERICAN SELF-HELP ORGANIZATION, INC**

Principal Place of Business	Mailing Address
<b>934 NO. MAGNOLIA AVE..STE.226 ORLANDO FL 32803</b>	<b>934 NO. MAGNOLIA AVE..STE.226 ORLANDO FL 32803</b>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
City	Country	City	Country

4. FEI Number <b>59-3474488</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**PICARD, JEAN CLAUDE  
7237 PLEASANT DR.  
ORLANDO FL 32818**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <b>PICARD, JEAN CLAUDE</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICARD, JEAN CLAUDE</b>		NAME		
STREET ADDRESS	<b>7237 PLEASANT DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>		CITY-ST-ZIP		
TITLE	D <b>PICARD, LAMERCIE</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICARD, LAMERCIE</b>		NAME		
STREET ADDRESS	<b>7237 PLEASANT DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>		CITY-ST-ZIP		
TITLE	D <b>SCOTT, CHARLES</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, CHARLES</b>		NAME		
STREET ADDRESS	<b>1511 GLASTONBERRY RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *Jean Claude Picard* **JEAN CLAUDE PICARD 4/1/02 (407)246-0502**

CR2E037 (9/01)