

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/10 2000 044 0000 0000

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90003 044 \*\*\*\*61.25

**DOCUMENT # N99000005460**

1. Entity Name

**HAITIAN AMERICAN PARENT'S ASSOCIATION, INC.**

*P*

Principal Place of Business

Mailing Address

1405 NW 167TH ST. SUITE 100  
 MIAMI FL 33169

1405 NW 167TH ST. SUITE 100  
 MIAMI FL 33169-5732

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

NAME: OCTAVIUS  
 1405 NW 167TH ST, SUITE 100  
 MIAMI FL 33189

Name **MARIE L. JEAN-PHILIPPE**

Street Address (P.O. Box Number is Not Acceptable)

**1405 N.W. 167 St. Suite 100**

City **MIAMI** FL Zip Code **33169**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEE IS \$81.25

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  Delete  
**D 1405 NW 167 St Miami Fla 33169**  
 STREET ADDRESS **PO BOX 600144**  
 CITY-ST-ZIP **N MIAMI FL 33182**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**WASHINGTON, DEBBIE OKKER**  
 STREET ADDRESS **PO BOX 600144**  
 CITY-ST-ZIP **N MIAMI FL 33182**

TITLE NAME  Change  Addition  
**D Joseph R. Pierre-Louis**  
 STREET ADDRESS **P.O. BOX 600144**  
 CITY-ST-ZIP **N. MIAMI, FLA. 33162**

TITLE NAME  Delete  
**D 1405 NW 167 St Miami Fla 33169**  
 STREET ADDRESS **PO BOX 600144**  
 CITY-ST-ZIP **N MIAMI FL 33182**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**T 1405 NW 167 St Miami Fla 33169**  
 STREET ADDRESS **PO BOX 600144**  
 CITY-ST-ZIP **N MIAMI FL 33182**

TITLE NAME  Change  Addition  
**T ESTOMENS Dorcelly**  
 STREET ADDRESS **P.O. BOX 600144**  
 CITY-ST-ZIP **N. MIAMI, FLA. 33162**

TITLE NAME  Delete  
**SD BRUNEAU, MADELAINE**  
 STREET ADDRESS **PO BOX 600144**  
 CITY-ST-ZIP **N MIAMI FL 33182**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 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)(g), 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:

*MARIE L. JEAN-PHILIPPE*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #