

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

DOCUMENT # N99000005460

1. Entity Name

HAITIAN AMERICAN PARENT'S ASSOCIATION, INC.

05-21-2002 91238 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1405 NW 167TH ST. SUITE 100
MIAMI FL 33169

1405 NW 167TH ST. SUITE 100
MIAMI FL 33169

80108528



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0998688

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not checked

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEAN-PHILIPPE, MARIE L
1405 NW 167TH ST, SUITE 100
MIAMI FL 33169

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

Handwritten signature of Marie Jean Philippe

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

Not checked

\$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

PD AIME, OCTAVIUS
PO BOX 600144
N MIAMI FL 33162

3:00 V.P. -
521 NE 164 ST FL 33162
Henri-claude ISRAEL

VD PHILIPPE, MARIE JEAN
PO BOX 600144
N MIAMI FL 33162

2:00 P Joseph plene louis
1070 NE 157 TER D.M.B
FL 33162

TD CALIXTE, DANIEL B
PO BOX 600144
N MIAMI FL 33162

Empty row for additions/changes

ESTOMENE, DORCELY
110 NE 152ND ST
MIAMI FL 33161

Empty row for additions/changes

Empty row for officers and directors

Empty row for additions/changes

Empty row for officers and directors

Empty row for additions/changes

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:

Handwritten signature: Marie Jean Philippe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)