

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90362 001 ****61.25

DOCUMENT # **N99000005460**

1. Entity Name

HAITIAN AMERICAN PARENT'S ASSOCIATION, INC.



Principal Place of Business

**1405 NW 167TH ST. SUITE 100
MIAMI FL 33169**

Mailing Address

**1405 NW 167TH ST. SUITE 100
MIAMI FL 33169**

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

\$8.75 - Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Handwritten Signature

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **AIME, OCTAVIUS**
STREET ADDRESS **PO BOX 600144**
CITY-ST-ZIP **N MIAMI FL 33162**

TITLE **2nd Vice President** Change Addition
NAME **Ketley Joachim**
STREET ADDRESS **P.O. Box 600144**
CITY-ST-ZIP **North Miami FL 33162**

TITLE **VD** Delete
NAME **PHILIPPE, MARIE JEAN**
STREET ADDRESS **PO BOX 600144**
CITY-ST-ZIP **N MIAMI FL 33162**

TITLE **RECORDING SECRETARY** Change Addition
NAME **Patricia Eugene**
STREET ADDRESS **P.O. BOX 600144**
CITY-ST-ZIP **North Miami FL 33162**

TITLE **2VP** Delete
NAME **LOUIS, JOSEPH P**
STREET ADDRESS **1070 NE 157 TERR DMB**
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **Asst. Recording Sec.** Change Addition
NAME **Marie Lourdes Joseph**
STREET ADDRESS **P.O. Box 600144**
CITY-ST-ZIP **North Miami FL 33162**

TITLE **ST** Delete
NAME **ESTOMENE, DORCELY**
STREET ADDRESS **110 NE 152ND ST**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **Treasurer** Change Addition
NAME **Charles Lundv**
STREET ADDRESS **P.O. Box 600144**
CITY-ST-ZIP **North Miami FL 33162**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Asst. Treasurer** Change Addition
NAME **Marie Sauval**
STREET ADDRESS **P.O. BOX 600144**
CITY-ST-ZIP **North Miami FL 33162**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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)(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 **REQUIRED**

4-12-03

CR2E037 (10/02)