

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001198

FILED
Apr 08, 2021
Secretary of State
9641895622CC

Entity Name: HAITIAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.

Current Principal Place of Business:

713 NE 125TH STREET
NORTH MIAMI , FL 33161

Current Mailing Address:

713 NE 125TH STREET
NORTH MIAMI, FL 33161 US

FEI Number: 20-2373322

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERRE, PAOLA
8588 NW 1ST LANE
MIAMI, FL 33126 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST CHAIR
Name PIERRE, PAOLA
Address 8588 NW 1ST LANE
City-State-Zip: MIAMI FL 33126

Title TREASURER
Name BONY, HERVE
Address 15251 NE 18 AVE #10
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title CHAIR
Name LUMANA, JOSEPH
Address 810 NE 125 STREET
City-State-Zip: NORTH MIAMI FL 33161

Title SECRETARY
Name BELIZAIR, JEAN G.
Address 713 NE 125 STREET
City-State-Zip: NORTH MIAMI FL 33161

Title VICE CHAIR
Name JEAN CLAUDE, PRINSTON
Address 713 NE 125 STREET
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR
Name MOMTPLAISIR, CARL
Address 4000 HOLLYWOOD BLVD
SUITE 555 SOUTH
City-State-Zip: HOLLYWWOD FL 33021

Title DIRECTOR
Name ARMAND, KRSTEL
Address 11077 BISCAYNE BLVD
211
City-State-Zip: MIAMI FL 33161

Title DIRECTOR
Name LAGUERRE, VANIA
Address 14215 SOUTH BISCAYNE RIVER RD
City-State-Zip: MIAMI FL 33161

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAOLA PIERRE

PAST CHAIR

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAFRANCE, MERDOCHEY
Address PO BOX 530455
City-State-Zip: MIAMI SHORES FL 33153

Title DIRECTOR
Name METELLUS, GEPSIE
Address 713 NE 125TH STREET
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR
Name LETIN, MARIE L
Address 103 SW VILLAGE CENTER
BOX 37
City-State-Zip: PORT SAINT LUCIE FL 34987