

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001198

**FILED**  
**Apr 24, 2024**  
**Secretary of State**  
**1067163043CC**

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

**Current Principal Place of Business:**

713 NE 125TH STREET  
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:**

JEAN-GLAUDE, PRINSTON  
713 NE 125TH STREET  
NORTH MIAMI, FL 33161 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: PRINSTON JEAN-GLAUDE**

**04/24/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name JEAN-GLAUDE, PRINSTON  
Address 713 NE 125TH ST  
City-State-Zip: NORTH MIAMI FL 33161

Title VICE-CHAIRMAN, 2ND  
Name BELIZAIRE, JEAN G.  
Address 713 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

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

Title VICE-CHAIRMAN  
Name MOMPLAISIR , CARL  
Address 4000 HOLLYWOOD BLVD  
SUITE 555 SOUTH  
City-State-Zip: HOLLYWWOD FL 33021

Title DIRECTOR  
Name ST. FORT, EVANS  
Address 713 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR  
Name METELLUS, GEPSIE  
Address 13390 WEST DIXIE HIGHWAY  
City-State-Zip: NORTH MIAMI FL 33161

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

Title SECRETARY  
Name THOMAS, STEPHANIE DR.  
Address 713 NE 125TH STREET  
City-State-Zip: NORTH 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: PRINSTON JEAN-GLAUDE**

**CHAIRMAN**

**04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SEVERE, SANDRA DR.  
Address 713 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR  
Name TRANQUILLE, VLADIMIR  
Address 713 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR  
Name RODRIGUEZ, TAMARA BELIARD  
Address 713 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title TREASURER  
Name FREIMAN, LORY  
Address 713 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR  
Name GASSANT, PEDRO  
Address 713 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161