

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000001198

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

**FILED**  
**May 13, 2022**  
**Secretary of State**  
**6205536270CC**

**Current Principal Place of Business:**

10750 NW 6TH COURT  
MIAMI , FL 33168

**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:**

JOSEPH, LUMANA  
810 NE 125 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: LUMANA JOSEPH**

**05/13/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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           BELIZAIRE, 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           VC, 2ND  
Name           MOMTPLAISIR, CARL  
Address        4000 HOLLYWOOD BLVD  
                  SUITE 555 SOUTH  
City-State-Zip: HOLLYWOOD FL 33021

Title           DIRECTOR  
Name           ARMAND, KRYSTEL  
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

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

**Continues on page 2**

*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: LUMANA JOSEPH**

**REGISTERED AGENT**

**05/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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