

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001198

FILED
Apr 20, 2015
Secretary of State
CC8364130102

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

Current Principal Place of Business:

1125 NE 125TH STREET #208
NORTH MIAMI, FL 33161

Current Mailing Address:

1125 NE 125TH STREET # 208
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 PC
Name SALIBA, PIERRE
Address 18659 SW 12 STREET
City-State-Zip: PEMBROKE PINES FL 33029

Title CHAIRMAN
Name LOZAMA, JEFF
Address 3333 NW 168 STREET
City-State-Zip: MIAMI GARDENS FL 33015

Title DIRECTOR
Name SICLAIT, RAOUL
Address 8525 SW 181ST TERRACE
City-State-Zip: MIAMI FL 33157

Title SEC
Name MARTIN, PATRICK F
Address ONE BISCAYNE TOWER, 2 SOUTH BISCAYNE BOULEVARD SUITE 1500
City-State-Zip: MIAMI FL 33131

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

Title VC
Name ST JEAN, DONARD
Address 1140 NE 163RD STREET STE 21-23
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR
Name VORBE, MICHAEL
Address 777 BRICKELL AVENUE, 2ND FLOOR
City-State-Zip: MIAMI FL 33131

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

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: PAOLA PIERRE

TREASURER

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SALVANT, CARL HENRY
Address 11011 SHERIDAN STREET #313
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR
Name BARRAU, LUCIEN
Address 2650 NE AVE
City-State-Zip: MIAMI FL 33137