

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001198

FILED
Mar 03, 2020
Secretary of State
3420134384CC

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 TREASURER
Name SALIBA, PIERRE
Address 18659 SW 12 STREET
City-State-Zip: PEMBROKE PINES FL 33029

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

Title PAST CHAIR
Name JOSEPH, DELLEPECHE
Address 713 NE 125 STREET
City-State-Zip: NORTH MIAMI FL 33161

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

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

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

Title DIRECTOR
Name ELYSEE, PATRICIA
Address 1110 BRICKEL AVE
 315
City-State-Zip: MIAMI FL 33131

Title VICE CHAIR
Name LUMANA, JOSEPH
Address 810 NE 125 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: PAOLA PIERRE

CHAIR

03/03/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AUSTIN PAMIES, MICHELLE
Address 401 NW 7TH AVE
City-State-Zip: FORT LAUDERDALE FL 33311

Title VICE CHAIR
Name BELIZAIRE, JEAN G.
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: HOLLYWOOD FL 33021

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

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