Title	PAST CHAIR	Title	TREASURER
Name	PIERRE, PAOLA	Name	BONY, HERVE
Address	8588 NW 1ST LANE	Address	15251 NE 18 AVE #10
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	NORTH MIAMI BEACH FL 33162
Title	CHAIR	Title	SECRETARY
Name	LUMANA, JOSEPH	Name	BELIZAIRE, JEAN G.
Address	810 NE 125 STREET	Address	713 NE 125 STREET
City-State-Zip:	NORTH MIAMI FL 33161	City-State-Zip:	NORTH MIAMI FL 33161
Title	VICE CHAIR	Title	DIRECTOR
Name	JEAN CLAUDE, PRINSTON	Name	MOMTPLAISIR, CARL
Address	713 NE 125 STREET	Address	4000 HOLLYWOOD BLVD SUITE 555 SOUTH
City-State-Zip:	NORTH MIAMI FL 33161	City-State-Zip:	HOLLYWWOD FL 33021
Title	DIRECTOR	Title	DIRECTOR
Name	ARMAND, KRYSTEL	Name	LAGUERRE, VANIA
Address	11077 BISCAYNE BLVD 211	Address	14215 SOUTH BISCAYNE RIVER RD

FEI Number: 20-2373322

Current Mailing Address: 713 NE 125TH STREET NORTH MIAMI, FL 33161 US

DOCUMENT# N0500001198

713 NE 125TH STREET NORTH MIAMI, FL 33161

Current Principal Place of Business:

REPORT

INC.

Name and Address of Current Registered Agent:

JOSEPH, LUMANA 810 NE 125 STREET NORTH MIAMI, FL 33161 US

Officer/Director Detail :

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

Electronic Signature of Registered Agent

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: HAITIAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA,

Address 11077 BISCAYNE BLVD 211 City-State-Zip: MIAMI FL 33161

Continues on page 2

City-State-Zip: MIAMI FL 33161

CHAIR

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

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

07/23/2021

Date

07/23/2021

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	LAFRANCE, MERDOCHEY	Name	METELLUS, GEPSIE
Address	PO BOX 530455	Address	13390 WEST DIXIE HIGHWAY
City-State-Zip:	MIAMI SHORES FL 33153	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	