

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001198

Entity Name: HAITIAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.**FILED**
Apr 28, 2017
Secretary of State
CC3505101725**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	DIRECTOR
Name	JOSEPH, DELLEPECHE
Address	255 ALHAMBRA CIRCLE, 2ND FLOOR,
City-State-Zip:	CORAL GABLES FL 33134

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

Title	DIRECTOR
Name	GUILLAUME, FRANCOIS II
Address	11250 NE 125TH STREET # 208
City-State-Zip:	MIAMI FL 33161

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

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

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

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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**REGISTERED AGENT****04/28/2017**

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

Title EXECUTIVE DIRECTOR
Name MILORD, JOANN
Address 1125 NE 125 STREET
208
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR
Name LUMANA, JOSEPH
Address 804 NE 125 STREET
City-State-Zip: NORTH MIAMI FL 33161