

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000002253

**Entity Name:** THE HAITI REPOSITORY INC.

**Current Principal Place of Business:**

11826 OLDEGROVE PL  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

11826 OLDEGROVE PL  
TEMPLE TERRACE, FL 33617 US

**FEI Number: 85-0615416**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHWARTZ, TIMOTHY T  
1037 SW 147TH TER  
PEMBROKE PINES, FL 33027 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 P  
Name SCHWARTZ, TIMOTHY T  
Address 2234 N. FEDERAL HWY #3093  
City-State-Zip: BOCA RATON FL 33431

Title VP  
Name GRANDVAUX, STEPHANE  
Address 2234 N. FEDERAL HWY #3093  
City-State-Zip: BOCA RATON FL 33431

Title VP  
Name DELORME, PATRICK  
Address 2234 N. FEDERAL HWAY #3093  
City-State-Zip: BOCA RATON FL 33431

Title VP  
Name DELORME-PIERRE, JOSETTE  
Address 2234 N. FEDERAL HWAY #3093  
City-State-Zip: BOCA RATON FL 33431

*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: TIMOTHY T SCHWARTZ**

**CHIEF OF PARTY**

**02/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date