2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

DOCUMENT # 568106 May 31, 2000 8:00 am Secretary of State 1. Entity Name UNION SOCIETY HUMANITY HAITIAN CHRISTIAN, INC. 05-31-2000 90015 012 ***163.75 Principal Place of Business Mailing Address P.O. BOX 380543 111 NW 77TH STREET MIAMI FL 33238-0543 MIAMI FL 33150 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1753891 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERILUS, CLERVY Street Address (P.O. Box Number is Not Acceptable)-1211 N.W. 53 STREET **MIAMI FL 33242** Zip Code City 8. 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE Joseph, Jacques Moise NAME NAME STREET ADDRESS 1418 NW 35TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Addition ☐ Channe TITLE TITLE ☐ Delete MERILUS, CLERVY NAME NAME 1211 N.W. 53 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33242** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MICHEL, RENE NAME NAME 475 NE 113TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if