

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 568106**

1. Entity Name

UNION SOCIETY HUMANITY HAITIAN CHRISTIAN, INC.**FILED****May 12, 2001 8:00 am**
Secretary of State

05-12-2001 90012 016 ***158.75

Principal Place of Business

**111 NW 77TH STREET
MIAMI FL 33150
US**

Mailing Address

**P.O. BOX 380543
MIAMI FL 33238-0543**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1753891

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**MERILUS, CLERVY
1211 N.W. 53 STREET
MIAMI FL 33242**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S JOSEPH, JACQUES MOISE 1418 NW 35TH STREET MIAMI FL 33142	<input type="checkbox"/>		<input type="checkbox"/>
P MERILUS, CLERVY 1211 N.W. 53 STREET MIAMI FL 33242	<input type="checkbox"/>		<input type="checkbox"/>
T MICHEL, RENE 475 NE 113TH STREET MIAMI FL 33161	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Merilus Clervy Merilus, President 04/30/01 (305) 343-2081

CR2E034 (10/00)