

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002878**

1. Entity Name

**LITTLE HAITI-AFFORDABLE INVESTMENTS LIMITED PART**

FILING  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

181 N.E. 82ND STREET  
2ND FLOOR  
MIAMI FL 33138

Mailing Address

181 N.E. 82ND STREET  
2ND FLOOR  
MIAMI FL 33138-3755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0883199**

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

**AMERICAN INFORMATION SERVICES INC.  
ONE S.E. 3RD AVENUE, 28TH FLOOR  
MIAMI FL 33131**

Name

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

City

**FL**

Zip Code

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. Capital Contributions  
as Shown on record.

**\$285,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000106779**  
NAME **LITTLE HAITI-AFFORDABLE INVESTMENTS, INC.**  
STREET ADDRESS **181 N.E. 82ND STREET**  
CITY - ST - ZIP **MIAMI FL 33138**

STREET ADDRESS

CITY - ST - ZIP

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**05/22/00 01026 004**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**QUANTINE AUGUSTE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/11/00 305-75-2542**