

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000000871**

1. Entity Name

GLADES HAITIAN FOUNDATION, INC.

Principal Place of Business

**629-E COVENANT DRIVE
BELLE GLADE FL 33430**

Mailing Address

**629-E COVENANT DRIVE
BELLE GLADE FL 33430**

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

65-0981121

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JEANTY, HUMLER
629-E COVENANT DRIVE
BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JEANTY, HUMLER	
STREET ADDRESS	P.O. BOX 834	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MIMY, JEFFERSON	
STREET ADDRESS	676 SW 4TH STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MINCEY, HUMLYSE	
STREET ADDRESS	544 JACKSON AVE., APT.-C	
CITY-ST-ZIP	GREENACRES FL 33464	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Humler Jeanty* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2001

Date

(561) 993-4035 ext. 1905

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0051722

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90017 041 ****61.25

CR2E037 (10/00)