FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 11, 2002 8:00 am Secretary of State DOCUMENT # N0000001075 02-11-2002 90066 015 ****70.00 UNITED HAITIAN-AMERICANS OF CENTRAL FLORIDA, INC Principal Place of Business Mailing Address 1017 WEST OAKRIDGE RD. 1017 WEST OAKRIDGE RD. SUITE B SUITE B ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business MEST OAX Education Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3623919 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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) FRANTZ, FAN FAN 1017. WEST OAKRIDGE RD. SUITÉ B Zip Code ORLANDO FL 32809 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 egistered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Detete TITLE ☐ Change FAN FAN, FRANTZ NAME NAME 1017 W OAKRIDGE RD SUITE B **CR2E037** STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE Change ☐ Addition SEFOUR, JOSEPH R NAME NAME 800 MIMOSA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition **BLAIST, MONIQUE J** NAME 2145 FAIRMOUNT CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition **BOUIQUET, FRANTZ** NAME NAME 6309 JENNINGS ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change BLAISE, MONIQUE J

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.

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

3707 S L ORLANDO PKWY 1

ORLANDO FL 32808

ORLANDO FL 32809

BELABRE, JEAN ROBERT

1325 W WASHINGTON ST

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition