

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002008

FILED  
Aug 20, 2002  
Secretary of State

Entity Name: WOMEN WRITERS OF HAITIAN DESCENT, INC.

## Current Principal Place of Business:

20850 SAN SIMEON WAY, #603  
MIAMI, FL 33179

## New Principal Place of Business:

1444 NW 97TH AVENUE  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

P.O. BOX 610756  
MIAMI, FL 33161

## New Mailing Address:

P.O. BOX 610756  
MIAMI, FL 33261

FEI Number: 65-1010753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LILIANE-NERCTLE, LOUIS  
147 NE 2ND COURT  
NORTH MIAMI, FL 33161

## Name and Address of New Registered Agent:

LILIANE-NERETTE, LOUIS  
147 NE 2ND COURT  
NORTH MIAMI, FL 33161

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: LILIANE NERETTE LOUIS

08/20/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HYPPOLITE, JOANNE  
Address: 6753 DOGWOOD DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: VPD ( ) Delete  
Name: HEURTELOU, MAUDE  
Address: 7550 NW 47TH AVENUE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD ( ) Delete  
Name: LILIANE NERETTE, LOUIS  
Address: 14700 NE 2ND CT  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: THEODORE-PHAREL, MARIE  
Address: 12016 NW 13 STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE HYPPOLITE

PD

08/20/2002

Electronic Signature of Signing Officer or Director

Date