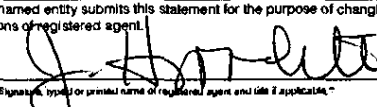
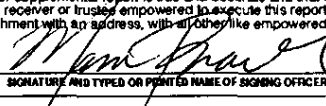


FILED

03 MAY -1 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000002008					
1. Entity Name WOMEN WRITERS OF HAITIAN DESCENT, INC.					
Principal Place of Business 1444 NW 97TH AVENUE PEMBROKE PINES, FL 33024			Mailing Address P.O. BOX 610756 MIAMI, FL 33261		
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 65-1010753 Applied For ☐ Not Applicable ☐					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LILIANE-NERETTE, LOUIS 147 NE 2ND COURT NORTH MIAMI, FL 33161			7. Name and Address of New Registered Agent Name Joanne Hypolite Street Address (P.O. Box Number is Not Acceptable) 6753 Dogwood Dr. Miramar FL 33023 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE _____ (Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when electing.)					
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYPPOLITE, JOANNE 6763 DOGWOOD DRIVE MIRAMAR, FL 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIE THEODORE-PHAREL 12016 NW 13th St. Pembroke Pines, FL 33026	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEURTELLOU, MAUDE 7660 NW 47TH AVENUE COCONUT CREEK, FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Irmie milord 6855 W. Broward Blvd. #402 Plantation, FL 33317	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LILIANE NERETTE, LOUIS 14700 NE 2ND CT MIAMI, FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Maude Heurtelou 7550 NW 47th Ave Coconut Creek, FL 33073	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEODORE-PHAREL, MARIE 12016 NW 13 STREET PEMBROKE PINES, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Joanne Hypolite 6753 Dogwood Dr. miramar, FL 33023	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			5/1/03 (954) 441-7782		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CFR2003 (10/02)

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