

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91422 010 *****61.25

DOCUMENT # N00000004539

1. Entity Name

UNITED HAITIAN-AMERICANS OF FLORIDA (UNHAF), INC



Principal Place of Business

**12320 NE 6TH AVENUE
NORTH MIAMI FL 33161**

Mailing Address

**12320 NE 6TH AVENUE
NORTH MIAMI FL 33161**

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 **65-1118276**

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

**CANTAVE, JEAN-CLAUDE P
1970 NW 180TH STREET
OPA LOCKA FL 33056**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CANTAVE, JEAN-CLAUDE P**
STREET ADDRESS **1970 NW 180TH STREET**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **SD** ☐ Change ☒ Addition
NAME **Paul, Carline**
STREET ADDRESS **1348 NE 147th Street**
CITY-ST-ZIP **Miami Florida 33161**

TITLE **DVP** ☒ Delete
NAME **JOLIBOIS, SYNVAN PH.D**
STREET ADDRESS **6321 SW 63RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **GUERRIER, JOSE PH.D**
STREET ADDRESS **6321 SW 63RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **DENIS, JEAN MARIE**
STREET ADDRESS **5919 NE 2ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

4-29-2003 (305) 898-7712

CR2E037 (10/02)