Attachment #

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

ATX1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 17 AM 11:45

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07/25/03--01019--026 **8.75

3/11/03 01064 008 61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # N0000005479

1. Entity Name

HAITIAN AMERICAN CHRISTIAN ORGANIZATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9959 NW 7TH AVENUE	9959 NW 7TH AVENUE
Suite, Apt #, etc	Suite, Apt. #, etc,
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33150 Country: USA	Zip: 33150 Country: USA

4. FEI Number: 31-1742596 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HENRY JOACEUS

Street Address (P.O. Box Number is Not Acceptable): 2750 W. OAKLAND PARK BLVD SUITE 10B

City: FORT LAUDERDALE FL Zip Code: 33311

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] HENRY JOACEUS 4/19/2003

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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.	
TITLE	D	TITLE	
NAME	FLEURINOR, BERNIE	NAME	
STREET ADDRESS	385 NE 129TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	FLEURINOR, LUCIENNE	NAME	
STREET ADDRESS	385 NE 129TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GAMA, JOSEPH	NAME	
STREET ADDRESS	12245 NW 18TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	D	TITLE	**IN THIS SPACE**
NAME	FLEURINOR, JEAN	NAME	
STREET ADDRESS	9920 NW 7TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SAINVIL, MARC W.	NAME	
STREET ADDRESS	9920 NW 7TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MILIEN, EVENS	NAME	
STREET ADDRESS	13390 NE 5TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] FLEURINOR BERNIE 4/19/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/17