

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006649

1. Entity Name

HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION INC.

FILED  
Jul 23, 2002 8:00 am  
Secretary of State

07-23-2002 90335 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8325 NE 2 AVE  
MIAMI FL 33138

8325 NE 2 AVE  
MIAMI FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FLA  
Zip 33138

Country

Zip

Country

4. FEI Number

65-1057381

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, DEBORAH  
4960 SW 72 AVE #301  
MIAMI FL 33155

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	DEROSE, PHILIPPE	<input type="checkbox"/> Delete
NAME		420 NE 87 ST	
STREET ADDRESS		MIAMI FL 33138	
CITY-ST-ZIP			
TITLE	VD	REGOIS, WILNER	<input type="checkbox"/> Delete
NAME		45 NE 54 ST	
STREET ADDRESS		MIAMI FL 33137	
CITY-ST-ZIP			
TITLE	TD	LACASSE, WILLIAM	<input type="checkbox"/> Delete
NAME		9220 FOUNTAINBLEAU BLVD APT 511	
STREET ADDRESS		MIAMI FL 33172	
CITY-ST-ZIP			
TITLE	SD	DACTOUR, GLADIMIR	<input type="checkbox"/> Delete
NAME		500 NE 87 ST	
STREET ADDRESS		EL PORTAL FL 33138	
CITY-ST-ZIP			
TITLE	D	DEROSE, EMMANUEL	<input type="checkbox"/> Delete
NAME		300 NW 36 ST	
STREET ADDRESS		MIAMI FL 33127	
CITY-ST-ZIP			
TITLE	D	DUVERNE, JONAS	<input type="checkbox"/> Delete
NAME		10011 REINKLE ST	
STREET ADDRESS		MIRAMAR FL 33025	
CITY-ST-ZIP			

TITLE	Philippe DEROSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	420 NE 87 ST	
STREET ADDRESS	El portal FLA 33138	Director
CITY-ST-ZIP		President
TITLE	VP President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilner Regois	
STREET ADDRESS	45 NE 54 ST Miami FLA 33138	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Lacasse	
STREET ADDRESS	9220 Fountainbleau BLVD APT 511	
CITY-ST-ZIP	Miami FL 33172	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gladimir	
STREET ADDRESS	500 NE 87 ST El portal FLA	
CITY-ST-ZIP	33138	
TITLE	Asst Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emmanuel Deroose	
STREET ADDRESS	300 NW 36 ST Miami	
CITY-ST-ZIP	FLA 33127	
TITLE	Asst Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duverne Jones	
STREET ADDRESS	10011 Reinkle St	
CITY-ST-ZIP	Miramar FLA 33025	

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:

*Philippe Deroose*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/26/02

CRS 2637 (9/01)



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

June 6, 2002

HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION INC.  
8325 NE 2 AVE  
MIAMI, FL 33138

Subject: **HAITIAN AMERICAN ALLIANCE YOUTH FOUNDATION INC.**

Reference Number: **N00000006649**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg

ANNUAL REPORTS SECTION