. 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000006783

1. Entity Name

HAITIAN CULTURE PRESERVATION, INC.

Principal Place of Business Mailing Address 2580 NW 47TH AVE 2580 NW 47TH AVE LAUDERHILL FL 33313 LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address 9822 N.E 2nd Ave Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED May 05, 2001 8:00 am Secretary of State

05-05-2001 90833 002 ****70.00



<u>Suit</u>	<u>e # 8</u>						
City & State		City & State		4. FEI Number			pplied For
Miami				65 <u>-106012</u>	7		ot Applicable
Zip 33138	Country	Zip Country		5. Certificate of St	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Registe	red Agent	
			Name				
YACINTHE, RENE			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
2850 NW				<u> </u>	· · · · · · · · · · · · · · · · · · ·		
FT LAUDERDALE FL 33313							
			City			FL Zip Coo	de
3. The above	named entity submits this statement for	the purpose of changing its re	egistered office or re	egistered agent, or both, in	the state of Florida.	<u> </u>	
SIGNATURE _						ATE	
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO1E: F	registered Agent signature	required when reinstating)	D.	——————————————————————————————————————	
FILE NOW: 9. Election 0 FEE IS \$61.25			ign Financing \$5.00 May Britibution. Added to Fees		Make Check Payable to Department of State		
0.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AN	ID DIRECTORS I	N 10
ITLE	TVI	☐ Delete	TITLE			☐ Change	Additio
VAME	YACINTHE, RENE		NAME				
STREET ADDRESS	2580 NW 47TH AVE		STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33313		CITY-ST-ZIP				
TITLE	TPS	☐ Delete	TITLE			☐ Change	☐ Additio
NAME STREET ADDRESS	ANDRE, YVON 11351 SW 153RD ST		NAME STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP				
TITLE	T	☐ Delete	TITLE			☐ Change	Additi
NAME	BOX, ANTHONY	TT Delete	NAME			□ onange	☐ Additi
STREET ADDRESS	16 NW 42ND TER		STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		CITY-ST-ZIP				
TITLE	TMI	☐ Delete	TITLE			☐ Change	Additi
NAME	MICHEL, JACQUELINE		NAME				
STREET ADDRESS	21041 NE 13TH PL		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP				
TITLE	T	☐ Delete	TITLE			☐ Change	e ☐ Additi
NAME	LAMOTHE, HENRY ROBERT		NAME				
STREET ADDRESS	440 NW 157TH ST		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	e 🔲 Additi
NAME]		NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	!		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:

ID TYPED OR PRINTED NAME OF SIGNING OPFICER OR DIRECTOR

Zev-754-5434