

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000006783**

1. Entity Name

HAITIAN CULTURE PRESERVATION, INC.

Principal Place of Business

**9822 NE 2ND AVE
STE 8
MIAMI FL 33138**

Mailing Address

**2580 NW 47TH AVE
LAUDERHILL FL 33313**

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

65-1060127

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

YACINTHE, RENE**2580 NW 47TH AVE****FT LAUDERDALE FL 33313**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	YACINTHE, RENE	<input type="checkbox"/> Delete
NAME	2580 NW 47TH AVE	
STREET ADDRESS	FT LAUDERDALE FL 33313	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TPS	<input type="checkbox"/> Delete
NAME	ANDRE, YVON	
STREET ADDRESS	11351 SW 153RD ST	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	BOX, ANTHONY	<input type="checkbox"/> Delete
NAME	16 NW 42ND TER	
STREET ADDRESS	PLANTATION FL 33317	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MI	<input type="checkbox"/> Delete
NAME	MICHEL, JACQUELINE	
STREET ADDRESS	21041 NE 13TH PL	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	LAMOTHE, HENRY ROBERT	<input type="checkbox"/> Delete
NAME	440 NW 157TH ST	
STREET ADDRESS	MIAMI FL 33169	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2002 305-754-5434**FILED
May 13, 2002 8:00 am
Secretary of State**

05-13-2002 90116 033 ****70.00

00098617

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)