

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007259

1. Entity Name

WEST COAST HAITIAN-AMERICAN ASSOCIATION, INC.

FILED

Jun 03, 2002 8:00 am  
Secretary of State

06-03-2002 91167 022 \*\*\*\*61.50

Principal Place of Business

410 CORTEZ RD W. STE 105  
BRADENTON FL 34207

Mailing Address

410 CORTEZ RD W. STE 105  
BRADENTON FL 34207

*EVERYTHING STAY SAME*

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

NOT APPLICABLE

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

PERRAULT, ALIX  
410 CORTEZ RD W, STE 105  
BRADENTON FL 34207

Name

*N/A*

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

*Silne Dieudonne*

DATE

*6/01/02*

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 PD  
NAME DIEDONNE, SILNE ☐ Delete  
STREET ADDRESS 410 CORTEZ RD W, STE 105  
CITY-ST-ZIP BRADENTON FL 34207

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

TITLE DV  
NAME ANTOINE, LASNET ☐ Delete  
STREET ADDRESS 410 CORTEZ RD W, STE 105  
CITY-ST-ZIP BRADENTON FL 34207

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

TITLE DS  
NAME LOISEAU, EDDY ☐ Delete  
STREET ADDRESS 410 CORTEZ RD W, STE 105  
CITY-ST-ZIP BRADENTON FL 34207

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

TITLE DT  
NAME RICHMOND, JACQUES ☐ Delete  
STREET ADDRESS 410 CORTEZ RD W, STE 105  
CITY-ST-ZIP BRADENTON FL 34207

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

*Silne Dieudonne 6/01/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)