

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008524**

1. Entity Name

HAITIAN AMERICAN CITIZENSHIP AND VOTER EDUCATION

Principal Place of Business

**12790 WEST DIXIE HWY.
NORTH MIAMI FL 33161**

Mailing Address

**12790 WEST DIXIE HWY.
NORTH MIAMI FL 33161**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

EIN 65-1072355

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DESPINOSSE, JACQUES
12790 WEST DIXIE HWY.
NORTH MIAMI FL 33161**

7. Name and Address of New Registered Agent

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 \$61.25**After September 12, 2001, min. will be \$236.25**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DESPINOSSE, JACQUES A	
STREET ADDRESS	95 NE 131ST ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE	VD	<input type="checkbox"/> Delete
NAME	PIERRE-LOUIS, JOSEPH	
STREET ADDRESS	17821 NE 7TH AVE. NORTH	
CITY-ST-ZIP	MIAMI BEACH FL 33162	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SANON, HENRY DR.	
STREET ADDRESS	202 NE 95TH ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

TITLE	SD	<input type="checkbox"/> Delete
NAME	PHILIPPE, ROSELINE J	
STREET ADDRESS	12205 NE MIAMI CT.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE	ASD	<input type="checkbox"/> Delete
NAME	STEPHEN, SUZIE	
STREET ADDRESS	14735 N. SPUR DR.	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	TD	<input type="checkbox"/> Delete
NAME	EVARISTE, LEOPOLD	
STREET ADDRESS	12786 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

9-10-2001-

Date

205-7544236

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT -4 PM 2:31



DO NOT WRITE IN THIS SPACE

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