NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

[redacted] 05-07-2003 90170 032 ****61.25
N00000008524

DOCUMENT # N00000008524

1. Entity Name
HAITIAN AMERICAN CITIZENSHIP AND VOTER EDUCATION CENTER, INC.

FILED
03 NOV 14 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 8370 NE 2nd Ave	Suite, Apt. #, etc.: 8370 NE 2nd Ave
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33138 Country: USA	Zip: 33138 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1072355 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jacques Despinosse

Street Address (P.O. Box Number is Not Acceptable): 95 NE 131 ST

City: North Miami FL Zip Code: 33161

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/30/03
(Signature, name of person signing as registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: President NAME: Roseline Philippe STREET ADDRESS: 12205 NE Miami Ct CITY-ST-ZIP: North Miami, Fl 33161	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: 1st Vice President NAME: Dr. Henry Sanon STREET ADDRESS: 550 NE 125 ST CITY-ST-ZIP: North Miami, Fl 33161	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: 2nd Vice President NAME: Sidney Charles STREET ADDRESS: P.O. Box 694918 CITY-ST-ZIP: Miami, Fl 33269	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary NAME: Ivanovna Augustin STREET ADDRESS: 62 NW 48 ST CITY-ST-ZIP: Miami, Fl 33127	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Assistant Secretary NAME: Stacey Joseph STREET ADDRESS: 62 NW 48 ST CITY-ST-ZIP: Miami, Fl 33127	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Treasurer NAME: Leopold Evarist STREET ADDRESS: 12790 West Dixie Hwy. CITY-ST-ZIP: North Miami, Fl 33161	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/03 305-758-9242
(TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #