

2002 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 28, 2002 8:00 am
Secretary of State

02-21-2002 90122 018 ****70.00

DOCUMENT # NO1000003749

1. Entity Name

HAITIAN WOMAN SERVICES INC.

Principal Place of Business

**13616 SW 287 LANE
HOMESTEAD FL 33033**

Mailing Address

**13616 SW 287 LANE
HOMESTEAD FL 33033**

2. Principal Place of Business

13616 S.W. 287 Lane
Suite, Apt. #, etc.

3. Mailing Address

13616 S.W. 287 Lane
Suite, Apt. #, etc.

City & State

Homestead FL

City & State

Homestead FL

Zip

33033

Country

Date

Zip

33033

Country

Date

4. FEI Number

02-0572096

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, GLADYS M
13616 SW 287 LANE
HOMESTEAD FL 33033**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33033

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]

GLADYS M. JACKSON

1-21-02

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

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	D	<input type="checkbox"/> Delete
NAME	THOMAS, SANDY M	
STREET ADDRESS	13616 SW 287 LANE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACKSON, KEMAY L	
STREET ADDRESS	13616 SW 287 LANE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, MARJAY G	
STREET ADDRESS	13616 SW 287 LANE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	JACKSON, GLADYS M	
STREET ADDRESS	13616 SW 287 LANE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-02

CR2E037 (9/01)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45202

DATE OF THIS NOTICE: 04-08-2002
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 02-0572
FORM: SS-4
0133955974 0

ATTACH DOC# NO10000003749

GLADYS M JACKSON
HAITIAN WOMAN SERVICES
13616 SW 287TH LN
HOMESTEAD FL 33033

28415

FOR ASSISTANCE CALL US
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH 1
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 02-0572096. This EIN will identify your business account tax returns, and documents, even if you have no employees. Please keep this notice your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments a related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Keep this part for your records.

CP 575 E (Rev.

this is the number you ask me for

Yours
Shadys