

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

FILED

03 APR 15 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003749

1. Entity Name

Haitian Woman Services Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 South Dixie Hwy

Suite, Apt. #, etc.

Suite 304

City & State

Miami, FL

Zip

33146

Country

USA

3. Mailing Address

800 S Dixie Hwy

Suite, Apt. #, etc.

Suite 304

City & State

Miami, FL

Zip

33146

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0572096

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gladys M. Jackson

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

800 South Dixie Hwy #304

City

Miami

FL

Zip Code

33146

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]

Gladys M. Jackson 04/05/03

Signature, typed or printed name of 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Gladys M. Jackson
800 S Dixie Hwy #304
Miami, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Sandy M. Thomas
800 S Dixie Hwy #304
Miami, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Kernay L. Jackson
800 S Dixie Hwy
Miami, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Marjau G. Jackson
800 S Dixie Hwy #304
Miami, FL 33146

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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]

Gladys M. Jackson 04/05/03 (305) 321-7151

CR2E037B (12/02)