FILED
Aug 11, 2002 8:00 am
Secretary of State
07-17-2002 90132 012 ****61.25

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

DOCUMENT # N01000004453

1. Entity Name

Young Haitian - American Association Inc

DO NOT WRITE IN THIS SPACE

41314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10813 SW 132 Circle Ct.	P.O. Box 160175
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33186 Country: USA	Zip: 33116 Country: USA

4. FEI Number: 65-1119254 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Marc Bayard

Street Address (P.O. Box Number is Not Acceptable): 10813 SW 132 Circle Ct

City: Miami FL Zip Code: 33186

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: Marc Bayard 07/11/02
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE: President	D	TITLE:	
NAME: Marc Bayard		NAME:	
STREET ADDRESS: 10813 SW 132 Circle Ct.		STREET ADDRESS:	
CITY-ST-ZIP: Miami FL 33186		CITY-ST-ZIP:	
TITLE: Vice President	D	TITLE:	
NAME: Stanley Guilband		NAME:	
STREET ADDRESS: 4517 NW 109TH Ct.		STREET ADDRESS:	
CITY-ST-ZIP: Miami FL 33178		CITY-ST-ZIP:	
TITLE: Treasurer	D	TITLE:	
NAME: Aino Wiener		NAME:	
STREET ADDRESS: 5877 NW 101ST Place		STREET ADDRESS:	DO NOT WRITE
CITY-ST-ZIP: Miami FL 33178		CITY-ST-ZIP:	
TITLE: Secretary	D	TITLE:	IN THIS SPACE
NAME: Richard Bermery		NAME:	
STREET ADDRESS: 631 NW 207TH Terrace		STREET ADDRESS:	
CITY-ST-ZIP: Pembroke Pines, FL 33029		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

CR2E037B (12/01)

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: Marc Bayard Marc Bayard 07/11/02 (305)345-7304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #