

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005421

1. Entity Name

THE ASSOCIATION FOR THE ADVANCEMENT OF THE HAITI
AN PEPOLE, INC.

Principal Place of Business

Mailing Address

2378 LINWOOD AVE.
NAPLES FL 34112

2378 LINWOOD AVE.
NAPLES FL 34112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUGGER, JOHN N ESQ.
600 5TH AVE. S., STE. 207
NAPLES FL 34102

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D THEBAUD, SERGE ☒ Delete
NAME
STREET ADDRESS 790 14TH STREET SE
CITY-ST-ZIP NAPLES FL 34117

TITLE D ANTOINE CHARITE ☐ Change ☒ Addition
NAME
STREET ADDRESS 4006 DALE AVE
CITY-ST-ZIP NAPLES, FLORIDA 34112

TITLE D PIERRE, BRUNEL ☒ Delete
NAME
STREET ADDRESS 5437 TRAMMEL ST.
CITY-ST-ZIP NAPLES FL 34113

TITLE D PATRICK PIERRE ☐ Change ☒ Addition
NAME
STREET ADDRESS 501 Goodlette Road Suite B-102
CITY-ST-ZIP NAPLES, FL 34102

TITLE D LOUIS, JEAN ELIE ☐ Delete
NAME
STREET ADDRESS 4601 BAYSHORE DR., #A-2
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D BAKER, WILFRED ☐ Delete
NAME
STREET ADDRESS 2607 THOMASON DR. 320
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D SALMONT, ORANGE ☐ Delete
NAME
STREET ADDRESS 1015 2ND AVE. N., A-10
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Wilfred Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90126 049 ****61.95



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)