

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90221 015 ****61.25

DOCUMENT # N01000005421

1. Entity Name

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



Principal Place of Business

**2378 LINWOOD AVE.
NAPLES FL 34112**

Mailing Address

**2378 LINWOOD AVE.
NAPLES FL 34112**

2. Principal Place of Business

2626 E. TAMiami TRAIL (Suite 7)

3. Mailing Address

P.O. Box 8685

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

1

City & State

Naples, FL 34112

City & State

Naples FL

Zip

34112

Country

Collier

Zip

34101

Country

Collier



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**
03-0430128

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PIERRE, PATRICK 501 GOODLETTE ROAD SUITE B102 NAPLES FL 34102 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOUIS, JEAN ELIE 4601 BAYSHORE DR., #A-2 NAPLES FL 34112 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKER, WILFRED 2607 THOMASON DR. 320 NAPLES FL 34112 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALMONT, ORANGE 1015 2ND AVE. N., A-10 NAPLES FL 34102 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHARITE, ANTOINE 4006 DALE AVENUE NAPLES FL 34112 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Reinstatement Required**

04/21/03

CR2E037 (10/02)