

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006060

1. Entity Name

THE HAITIAN AMERICAN LAW ENFORCEMENT OFFICERS ASSOCIATION, INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90173 046 ****61.35

0006292

Principal Place of Business

860 NE 141 ST
N MIAMI FL 33161

Mailing Address

860 NE 141 ST
N MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 611983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
N. M.I.A. FL.

4. FEI Number

65-1141495

Applied For

Not Applicable

Zip

Country

Zip

Country

33261

USA

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

LAFONTANT, YVES
860 NE 141 ST
N MIAMI FL 33161

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LAFONTANT, YVES 860 NE 141 ST N MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HALABY, EDDIE 8475 NW 34 MANOR SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DALLEMAND, LESLIE 1501 SW 72ND AVE PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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]* FEE REQUIRED

July 10, 2002

CR2E037 (4/02)

Attachment

676755

#NO100006060

TO Whom It May Concern

The address of the Haitian American Law Enforcement Officers Association, Inc. has been changed. The new address is P.O. Box . Please correct the address accordingly.

Thank you Yves Lofant

President of H.A.L.E.O.A

Edw. Halaby, Vice President

Leslie Dallamand, Secretary

J. Lafel