

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90691 048 ****70.00

DOCUMENT # N01000007283

1. Entity Name

HAITIAN CHRISTIAN YOUTH FEDERATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**1595 NE 159 ST.
 MIAMI FL 33162**

**1595 NE 159 ST.
 MIAMI FL 33162**

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

65-1148308

☒ 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

**PAUL, SIMEON
 1595 NE 159 ST.
 MIAMI FL 33162**

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

Simon Paul

5/17/02

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 **PD** ☐ Delete
 NAME **PAUL, SIMEON**
 STREET ADDRESS **1595 NE 159 ST.**
 CITY-ST-ZIP **MIAMI FL 33162**

TITLE **VD** ☒ Delete
 NAME **SENATUS, LOUNDY**
 STREET ADDRESS **1595 NE 159 ST.**
 CITY-ST-ZIP **MIAMI FL 33162**

TITLE **SD** ☐ Delete
 NAME **MOMPOINT, MARTHA**
 STREET ADDRESS **1595 NE 159 ST.**
 CITY-ST-ZIP **MIAMI FL 33162**

TITLE **Treasurer** ☒ Delete
 NAME **Wilky Simon**
 STREET ADDRESS **1595 NE 159 ST**
 CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **COORDINATOR** ☒ Delete
 NAME **Jean Heude Feron**
 STREET ADDRESS **1595 NE 159 ST**
 CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **VICE PRESIDENT** ☒ Delete
 NAME **ODILENE BIENAIMÉ**
 STREET ADDRESS **1595 NE 159 ST**
 CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **Odilene Bienneime**
 STREET ADDRESS **1595 NE 159 ST**
 CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **Coordinator** ☐ Change ☒ Addition
 NAME **Jean Heude Feron**
 STREET ADDRESS **1595 NE 159 ST**
 CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Wilky Simon**
 STREET ADDRESS **1595 NE 159 ST**
 CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **South Miami Representative** ☐ Change ☒ Addition
 NAME **John K. Voltaire**
 STREET ADDRESS **1595 NE 159 ST**
 CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **ASSISTANT TREASURER** ☐ Change ☒ Addition
 NAME **Patrick Jean Pierre**
 STREET ADDRESS **1595 NE 159 ST**
 CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **ASSISTANT COORDINATOR** ☐ Change ☐ Addition
 NAME **BARBARA DAPHNIS**
 STREET ADDRESS **1595 NE 159 ST**
 CITY-ST-ZIP **MIAMI, FL 33162**

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:

Simon Paul

5/17/02

305-944-4087

CR2E037 (9/01)