

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90089 036 ****61.25

DOCUMENT # N01000007545

1. Entity Name

HAITIAN AMERICAN SOCIETY OF FRIENDS OF PETIT-GOAVE, INC.

Principal Place of Business

**1825 FOREST HILL BOULEVARD
 SUITE 101
 WEST PALM BEACH FL 33406-6075**

Mailing Address

**1825 FOREST HILL BOULEVARD
 SUITE 101
 WEST PALM BEACH FL 33406-6075**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0562735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MONICE, JEAN Y
 11141 ALAMEDA BAY COURT
 WELLINGTON FL 33414**

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

**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 **D** ☒ Delete
 NAME **LOUIS-CHARLES, JOSUE N**
 STREET ADDRESS **750 N E 199TH STREET**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE **D** ☐ Delete
 NAME **PAUL ARTHUR, DESIRE J**
 STREET ADDRESS **1125 N W 129TH STREET**
 CITY-ST-ZIP **MIAMI BEACH FL 33168**

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

TITLE **D** ☐ Delete
 NAME **MONICE, JEAN Y**
 STREET ADDRESS **11141 ALAMEDA BAY COURT**
 CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **D** ☐ Delete
 NAME **HYPPOLITE, EMMANUEL**
 STREET ADDRESS **350 N E 151ST STREET**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33161**

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

TITLE **SD** ☐ Delete
 NAME **PIERRE, YOLANDE MARIE**
 STREET ADDRESS **750 NE 199TH STREET**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE **SD** ☐ Delete
 NAME **DASSY, FINETTE**
 STREET ADDRESS **1090 N E 133RD STREET, APT. 5**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33161**

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: **Emmanuel Hyppolite** 09-11-02 (805) 354-7182

CR2E037 (4/02)