

**2003<sup>4</sup> NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90464 020 \*\*\*\*61.25



**DOCUMENT # N01000007545**

1. Entity Name

**HAITIAN AMERICAN SOCIETY OF FRIENDS OF PETIT-GOA  
VE, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **02-0562735**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAUL ARTHUR, DESIRE J</b>	
STREET ADDRESS	<b>1125 N W 129TH STREET</b>	
CITY- ST- ZIP	<b>MIAMI BEACH FL 33168</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MONICE, JEAN Y</b>	
STREET ADDRESS	<b>11141 ALAMEDA BAY COURT</b>	
CITY- ST- ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HYPPOLITE, EMMANUEL</b>	
STREET ADDRESS	<b>350 N E 151ST STREET</b>	
CITY- ST- ZIP	<b>NORTH MIAMI BEACH FL 33161</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PIERRE, YOLANDE MARIE</b>	
STREET ADDRESS	<b>750 NE 199TH STREET</b>	
CITY- ST- ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DASSY, FINETTE</b>	
STREET ADDRESS	<b>1090 N E 133RD STREET, APT. 5</b>	
CITY- ST- ZIP	<b>NORTH MIAMI BEACH FL 33161</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*Emmanuel Hyppolite - Emmanuel Hyppolite 05-03-04*

**305-354-7182**