

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007545

FILED
Apr 29, 2003
Secretary of State

Entity Name: HAITIAN AMERICAN SOCIETY OF FRIENDS OF PETIT-GOAVE, INC.

Current Principal Place of Business:

1825 FOREST HILL BOULEVARD
SUITE 101
WEST PALM BEACH, FL 334066075

New Principal Place of Business:

Current Mailing Address:

1825 FOREST HILL BOULEVARD
SUITE 101
WEST PALM BEACH, FL 334066075

New Mailing Address:

FEI Number: 02-0562735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAUL ARTHUR, DESIRE J
Address: 1125 N W 129TH STREET
City-St-Zip: MIAMI BEACH, FL 33168

Title: D () Delete
Name: MONICE, JEAN Y
Address: 11141 ALAMEDA BAY COURT
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: HYPPOLITE, EMMANUEL
Address: 350 N E 151ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33161

Title: SD () Delete
Name: PIERRE, YOLANDE MARIE
Address: 750 NE 199TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: SD () Delete
Name: DASSY, FINETTE
Address: 1090 N E 133RD STREET, APT. 5
City-St-Zip: NORTH MIAMI BEACH, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMMANUEL HYPPOLITE

D

04/29/2003

Electronic Signature of Signing Officer or Director

Date