

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02-03

DOCUMENT # N01000008005

1. Entity Name

HAITIAN-AMERICAN COMMUNITY HELP
ORGANIZATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 16 AM 10:50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4191 N. STATE RD. 7

3. Mailing Address

4191 N. STATE RD. 7

Suite, Apt. #, etc.

441

Suite, Apt. #, etc.

441

DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE LAKES, FL

City & State

LAUDERDALE LAKES, FL

4. FEI Number

31-1701649

Applied For

Not Applicable

Zip
33319

Country
US

Zip
33319

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ACCIME, GOMEZ U

Street Address (P.O. Box Number is Not Acceptable)

4410 NW 37th ST

City LAUDERDALE LAKES

FL

Zip Code
33319

**DO NOT WRITE
IN THIS SPACE**

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

Amey U. Accime

ACCIME, GOMEZ U

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

BONNIE, ALBERT J (P/D)
3294 NW 6th AVE.
FT. LAUDERDALE, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JOSEPH, JOANEL (V/D)
1743 N. ANDREWS SQUARE
FT. LAUDERDALE, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ACCIME, GOMEZ U (S/D)
4410 NW 37th ST
LAUDERDALE LAKES, FL 33319

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joanel Joseph*

JOSEPH, JOANEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0378 (12/02)

HAITIAN-AMERICAN COMMUNITY HELP ORGANIZATION, INC.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS INSTRUCTED BY YOUR OFFICE I AM SENDING OVER THE NON-PROFIT
UBR FORM ALONG WITH A CHECK FOR \$122.50 IN ORDER TO PROPERLY
UPDATE MY CORPORATION. DUE TO CHANGE OF MAILING AND PRINCIPAL
ADDRESS I NEVER RECEIVED THE FORM,

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


JOANEL JOSEPH
PRESIDENT