

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90038 038 ****70.00

DOCUMENT # N02000001120

1. Entity Name
M.B. INTERNATIONAL HAITIAN REFUGEE CENTER INC.



Principal Place of Business
**750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 262
ORLANDO, FL 32805**

Mailing Address
**750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 262
ORLANDO, FL 32805**

24032763



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number **68-0504995**
APPLIED FOR
Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PHILIPPE, LHAUNER
1927 DUNWOODIE STREET
ORLANDO, FL 32839**

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

Lhauner Philippe

(NOTE: Registered agent signature required when reinstating)

3/29/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
PD
BERTHONIER, MERILAN
750 S. ORANGE BLOSSOM TRAIL, STE. 262
ORLANDO, FL 32805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PHILIPPE, LHAUNER
1927 DUNWOODIE ST.
ORLANDO, FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
BAPTISTE, LUCIEN JEAN
2605 OCILLA COURT
ORLANDO, FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MERILAN, CHADRACK
619 DUNLIN LANE
POINCIANA, FL 34759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Berthonier Merilan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

DATE

407-481-8489

DAYTIME PHONE #