

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90177 009 \*\*\*\*61.25

**DOCUMENT # N02000001834**

1. Entity Name

**HAITIAN SALESIAN ALUMNI ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business

**6151 MIRAMAR PKWY. SUITE 205  
MIRAMAR FL 33023**

Mailing Address

**P. O. BOX 848756  
PEMBROKE PINES FL 33084**

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

**03-0463114**

Applied For

Not Applicable

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

**PERKINS, NOEL  
6151 MIRAMAR PKWY, SUITE 205  
MIRAMAR FL 33023**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **FOSTER, GEORGES**  
STREET ADDRESS **3821 NW 107TH WAY**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **TD** ☐ Change ☒ Addition  
NAME **ALEXIS, FRITZ**  
STREET ADDRESS **1531 NW 134 ST.**  
CITY-ST-ZIP **MIAMI FL. 33167**

TITLE **VD** ☐ Delete  
NAME **ACHILLE, ANDRE**  
STREET ADDRESS **4284 NW 37TH TERR.**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **O** ☐ Change ☒ Addition  
NAME **OLIBAICE, WESLEY**  
STREET ADDRESS **330 NE 160 ST.**  
CITY-ST-ZIP **N MIAMI BEACH FL. 33162**

TITLE **SD** ☐ Delete  
NAME **VOLTAIRE, EMMANUEL J**  
STREET ADDRESS **1970 NW 100TH WAY**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **O** ☐ Change ☒ Addition  
NAME **CHILBERIC PAUL BRUNEL**  
STREET ADDRESS **1260 SW 85 TERR.**  
CITY-ST-ZIP **PEMBROKE PINES FL. 33025**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **O** ☐ Change ☒ Addition  
NAME **PERKINS, NOEL**  
STREET ADDRESS **18610 NW 5TH AVE**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **GEORGES FOSTER**

*[Signature]*

**3/15/03**

CR2E037 (10/02)