

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90625 016 ****61.25

DOCUMENT # N02000002832

1. Entity Name

UDAF, INC.



Principal Place of Business

**3674 DAVIE BLVD
FT LAUDERDALE FL 33312**

Mailing Address

**13807 CALLINGTON DR
WELLINGTON FL 33414**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0553883**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAMISSE, EMILE
13807 CALLINGTON DR
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

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 **P** ☐ Delete
NAME **DAMISSE, EMILE**
STREET ADDRESS **13807 CALLINGTON DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **VP** ☐ Delete
NAME **EDOUARD, WEBERT**
STREET ADDRESS **344 SE 11TH AVE APT 2**
CITY-ST-ZIP **POMPAÑO BEACH FL 33060**

TITLE **S** ☐ Delete
NAME **EXCELLENT, GERALD**
STREET ADDRESS **6044 NW 45 WAY**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **D** ☐ Delete
NAME **BIENVENU, MICHELET**
STREET ADDRESS **5495 NW 10TH CT, APT 205**
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE **D** ☐ Delete
NAME **S-T HUBERT, LEANT**
STREET ADDRESS **1700 NW 58TH TERR, APT 1R**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **T** ☐ Delete
NAME **BOSSE, GLADYS**
STREET ADDRESS **8860 NW 45 COURT**
CITY-ST-ZIP **LANUDERHILL FL 33319**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Signature of Emile Damisse
EMILE DAMISSE

04-14-03 561-762-4851

CR2E037 (10/02)