

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-13-2003 90264 026 ***61.25

DOCUMENT # N02000003003

1. Entity Name

**HAITIAN AMERICAN SOLIDARITY OF SAINT-JEN DU SUD,
INCORPORATED**



Principal Place of Business

**521 WEST DAYTON CIRCLE
FORT LAUDERDALE FL 33312**

Mailing Address

**521 WEST DAYTON CIRCLE
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

FIN 061675292

4. FEI Number

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

**TOVAR, JEANINE
521 WEST DAYTON CIRCLE
FORT LAUDERDALE FL 33312**

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 **BERNARD, ANGLADE D**
STREET ADDRESS **3109 EAST SUNRISE BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **V** ☐ Delete
NAME **LEVEILLE, LOLITA**
STREET ADDRESS **424 NE 15TH COURT**
CITY-ST-ZIP **BOYTON BEACH FL 33435**

TITLE **S** ☐ Delete
NAME **GACHETTE, EMILITO**
STREET ADDRESS **12600 NW 19TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **T** ☐ Delete
NAME **TOVAR, JEANINE D**
STREET ADDRESS **521 WEST DAYTON CIRCLE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **C** ☐ Delete
NAME **GILET, GLADYS**
STREET ADDRESS **535 NE 128TH STREET**
CITY-ST-ZIP **NORTH MIAMI FL 33116**

TITLE **C** ☐ Delete
NAME **CHERY, GERARD D**
STREET ADDRESS **1643 NW 15TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

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

TITLE ☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)