

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

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FILED

03 SEP 25 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09/12/03--01056--003 \*\*61.25



DOCUMENT # **N02000005202**

1. Entity Name  
**HAITIAN-AMERICAN YOUTH FOUNDATION, INC.**  
*(HAYTFO) HAITIAN AMERICAN YOUTH TASK*

Principal Place of Business  
**1455 N.E. 121ST STREET  
APT # A203  
NORTH MIAMI FL 33161**

Mailing Address  
**1455 N.E. 121ST STREET  
APT # A203  
NORTH MIAMI FL 33161**  
*POKE, TAMPA*

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**P.O. BOX 611763**  
Suite, Apt. #, etc.  
City & State  
**NORTH MIAMI FL**  
Zip  
**33261**  
Country  
**DADE**

4. FEI Number  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROSIER, JOSEPH A, FOUNDER  
1455 N.E. 121ST STREET  
APT # A203  
NORTH MIAMI FL 33161**

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 *Joseph Rosier* DATE *08/12/03*

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  
After September 10, 2003, min will be \$236.25**

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	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JEAN-CHARLES, DARLYNE VP</b>	
STREET ADDRESS	<b>1455 N.E. 121ST STREET, APT # A203</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>FOUNDER / Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joseph A. Rosier</b>	
STREET ADDRESS	<b>P.O. Box 611763</b>	
CITY-ST-ZIP	<b>North Miami, Florida 33261</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dr. Franklin Valcin</b>	
STREET ADDRESS	<b>627 S.W. 27 Ave</b>	
CITY-ST-ZIP	<b>Miami, Florida 33135</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mr. Arthur E. Teele, Commissioner</b>	
STREET ADDRESS	<b>3500 Pan American Dr.</b>	
CITY-ST-ZIP	<b>Miami, Florida 33133</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mr. Anthony G. Pierre, ESQ</b>	
STREET ADDRESS	<b>3500 Pan American Dr.</b>	
CITY-ST-ZIP	<b>Miami, Florida 33133</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mr. Audie Alsopp, CPA</b>	
STREET ADDRESS	<b>200 S. Biscayne BLVD, Suite #1700</b>	
CITY-ST-ZIP	<b>Miami, Florida 33131</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Miss Marie Etienne, MSN, ARNP</b>	
STREET ADDRESS	<b>950 N.W. 20 Street</b>	
CITY-ST-ZIP	<b>Miami, Florida 33127-4622</b>	

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: *STOSRIER PROPOSED* *08/12/03* *(305) 450-8894*

CR2E037 (4/03)