

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90027 036 ***150.00

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1. Entity Name
UNITED HAITIAN AMERICAN ARTISTS, INC.



Principal Place of Business
**15002 NE 12TH AVE.
MIAMI, FL 33161**

Mailing Address
**15002 NE 12TH AVE.
MIAMI, FL 33161**

40116413



05012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0693426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DESGRANGES, YANICK A
15002 NE 12TH AVE.
MIAMI, FL 33161**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DESGRANGES, YANICK A
15002 NE 12TH AVE.
MIAMI, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DESGRANGES, FARAH
15002 NE 12TH AVE.
MIAMI, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ANDRE, KAREN
5342 SW 38TH AVE.
MIAMI, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LATTIMORE, LARRY
15001 NE 11TH CT
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
SENATUS, YOLETTE
1245 NE 136TH TERR.
MIAMI, FL 33163**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #