

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

**FILED**  
Sep 08, 2003 8:00 am  
Secretary of State

000799

09-08-2003 90316 043 \*\*\*\*74.90

DOCUMENT # **N02000008498**

1. Entity Name

**LITTLE HAITI EMPOWERMENT CENTER, INC.**



Principal Place of Business

**920 N.W. 179TH STREET  
MIAMI FL 33169**

Mailing Address

**920 N.W. 179TH STREET  
MIAMI FL 33169**

2. Principal Place of Business

**920 NW 179 ST**  
Suite, Apt. #, etc.  
**- N/A**

3. Mailing Address

**SAME**  
Suite, Apt. #, etc.  
**N/A**

City & State

**Miami Fla 33169**

City & State

**---**

4. FEI Number

**30-0173794**

Applied For

Not Applicable

Zip **33169**

Country

**Miami Dade**

Zip

**---**

Country

**---**

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JEAN-BAPTISTE, CHRISTINE E  
920 N.W. 179TH STREET  
MIAMI FL 33169**

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 \_\_\_\_\_ (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 NAME	<b>PD Christine Jean Baptiste</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>920 NW 179 ST</b>	
CITY-ST-ZIP	<b>Miami Fla 33169</b>	
TITLE NAME	<b>VD Jude Charles</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>11713 NE 200 AVE</b>	
CITY-ST-ZIP	<b>Miami Fla 33161</b>	
TITLE NAME	<b>JOSEPH K Vanwo</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>6520 TAFT ST #204</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	
TITLE NAME	<b>Bonnie Jean Baptiste s/d</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>920 NW 179 ST</b>	
CITY-ST-ZIP	<b>Miami Fla 33169</b>	
TITLE NAME	<b>VD Lesty Bernard</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>111 NW 183 ST</b>	
CITY-ST-ZIP	<b>Mia Fla 33169</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>Saintalia Isma</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>17601 NW 12 CT</b>	
CITY-ST-ZIP	<b>Miami Fla</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>DIRECTOR MICHAEL SALEM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>6363 GAGE PL.</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Christine Jean Baptiste** 9/3/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)