## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

DOCUMENT # NO200009715

1. Entity Name

RECONSTRUIRE HAITI, LAC



## FILED

03 DEC 15 AM 10: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	and the second of the second o									
2. Principal Place of Business  1075 Sunset Strip			3. Mailing Address 1075 Sunset Strip Suite, Apt. #, etc.				<b>800025</b> 2/01/030101	2192: 3-030 )	2:3 **8,75	* 7
Suite, Apt. #, etc.			Suite, Apt. #, etc.			9/2	103 90 12W	RITE IN THIS SI	PAUE	03
City & State			City & State			4/FE	93 90174 Number	0 0	Ap	plied For
			Bunrise, FL			۱ ٔ ۷	+8129099	ર	<del></del>	t Applicable
Zip 33313	Country USA		Zip 333/3	Countr	•	· [	tificate of Status Desired	1 122 \$	8.75 Add ee Required	
	The Phane Contract of the con-	The second secon				7. Name	and Address of Curre	nt Registered	Agent	
					Name OL	uer PIFRICHE				
DO NOT WRITE			UE	Olicier PIERICHE Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE					1075	sunset strip suite 202				
					City Sun Ci		<del></del>	Fi	Zip Code	,
8 The above	named entity submits th	is statement for the	e purpose of changing its r	enistere	d office or registe	ered agent	or both, in the State of	Florida Lam far	niliar with a	
	tions of registered agent.	is statement for an	purpose or changing its r	egisteret	a cilioc of registe	sied agent,	, or bour, in the otate or	rionda. ramiai	imici wilii, a	nd accept
	7	1 ~					•		_	
SIGNATURE .	Signature, typed or printed name	of registered agent and ti	itle if applicable (NOTE:	Registered .	Agent signature require	ed when reinsta	ating)	2 - 13 - 4	<u> 23</u>	
	nuary 1 - May 1 Fee Is After May 1, Fee is \$5 Amended UBR is \$6 Payable to Florida De	550.0 <del>0</del> 61.25					Election Campaign F     Trust Fund Contribut			May Be to Fees
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STREET ADDRESS				是此類細則	ADDRESS					
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR GIRESTON

12-01-03

954-3/6-6077 Daytime Phone # \_*\*