

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000009715

1. Entity Name

RECONSTRUIRE HAITI, Inc



FILED

03 DEC 15 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1075 Sunset strip

Suite, Apt. #, etc.

202

City & State

Sunrise, FL

Zip

33313

Country

USA

3. Mailing Address

1075 Sunset strip

Suite, Apt. #, etc.

202

City & State

Sunrise, FL

Zip

33313

Country

USA

800025219228

12/01/03--01013--030 **8.75

DO NOT WRITE IN THIS SPACE

9/2/03 90174 036 6125 03

4. FEI Number

481290992

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Olivier PIERICHE

Street Address (P.O. Box Number is Not Acceptable)

1075 sunset strip suite 202

City

Sunrise

FL

Zip Code

33313

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12-13-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Olivier PIERICHE
STREET ADDRESS	1075 sunset strip suite 202
CITY-ST-ZIP	Sunrise, FL 33313
TITLE	TD
NAME	Souffrant, LUSON
STREET ADDRESS	1075 sunset strip suite 202
CITY-ST-ZIP	Sunrise, FL 33313
TITLE	VPD
NAME	Caleb, DELIARD
STREET ADDRESS	1075 sunset strip suite 202
CITY-ST-ZIP	Sunrise, FL 33313
TITLE	SD
NAME	FABIOLA, CARTIN
STREET ADDRESS	1075 sunset strip suite 202
CITY-ST-ZIP	Sunrise, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/02)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-01-03

Date

954-316-6077

Daytime Phone #