

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90096 003 \*\*\*\*69.00

**DOCUMENT #** N19490  
**1. Entity Name** GREATER MIAMI HAITIAN Federation.

**Principal Place of Business** GREATER MIAMI HAITIAN Federation  
**Mailing Address** 8057 W. McNab Rd. TAMARAC FL 33321

**2. Principal Place of Business** 8057 W. McNab Rd.  
**3. Mailing Address** 7104 NW 68 St  
**Suite, Apt. #, etc.** 8057  
**Suite, Apt. #, etc.** Same

**City & State** TAMARAC Florida  
**City & State** Tamarac FL  
**Zip** 33321 **Country** Broward  
**Zip** 33321 **Country** Broward

**4. FEI Number** 65-0055187  
**Applied For** Not Applicable  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE.

**6. Name and Address of Current Registered Agent**  
 MIZEREL Robinson  
 7104 N.W. 68 Street  
 TAMARAC FLORIDA 33321

**7. Name and Address of New Registered Agent**  
**Name** Same  
**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.**

**SIGNATURE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.** **Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	President	<input type="checkbox"/> Delete
NAME	MIZEREL Robinson	
STREET ADDRESS	7104 N.W. 68 Street	
CITY-ST-ZIP	TAMARAC FL. 33321	
TITLE	Vic-President	<input type="checkbox"/> Delete
NAME	GEORGE HYMAN	
STREET ADDRESS	4200 NW 35 Ave	
CITY-ST-ZIP	Lauderdale Lakes FL 33309	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Joycelyn Robinson	
STREET ADDRESS	Conal Springs FL. 33065	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:** MIZEREL Robinson / MIZEREL Robinson 4/2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 954 721-3900

CR2E037 (9/99)