

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90089 025 \*\*\*\*70.00

DOCUMENT # N36722

1. Entity Name

HAITIAN AMERICAN FOUNDATION, INC.

Principal Place of Business

6660 BISCAYNE BLVD.  
MIAMI FL 33138  
US

Mailing Address

6660 BISCAYNE BLVD.  
MIAMI FL 33138  
US

2. Principal Place of Business

5080 Biscayne Blvd

Suite, Apt. #, etc.

3. Mailing Address

5080 Biscayne Blvd

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

65-0187599

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAYARD, RINGO  
6660 BISCAYNE BLVD.  
MIAMI FL 33138

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CASTHELY, FRANKLIN  
STREET ADDRESS 6660 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE D  
NAME SENATUS, PIERRE C  
STREET ADDRESS 6660 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE D  
NAME LABOSSIERE JULES  
STREET ADDRESS 8340 NE 2ND AVE.  
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE S  
NAME GEDEON, JEAN-ROBERT  
STREET ADDRESS 20860 SAN SIMEON WAY  
CITY-ST-ZIP N MIAMI BEACH FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)