

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36722

1. Entity Name

HAITIAN AMERICAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

5080 BISCAYNE BLVD
MIAMI FL 33137
US

5080 BISCAYNE BLVD
MIAMI FL 33137
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

CAYARD, RINGO
6660 BISCAYNE BLVD.
MIAMI FL 33138

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Bernard FanFan
CITY-ST-ZIP 170 NE 96th Street
Miami, FL 33138

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE

9/11/02 (905) 758 3338

CR2E037 (9/01)