

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90061 020 \*\*\*\*75.00

**DOCUMENT # N38657**

1. Entity Name

**HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC**

Principal Place of Business

Mailing Address

**11629 N.W. 7TH AVE  
 MIAMI FL 33168  
 US**

**11629 N.W. 7TH AVE  
 MIAMI FL 33168  
 US**

2. Principal Place of Business

3. Mailing Address

**11629 N.W. 7th AVE**

**11629 N.W. 7th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**65-0203195**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33168**

**33168**

**U.S.A.**

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

**ANTOINE, YOLETTE  
 1305 N.W. 203RD ST  
 MIAMI FL 33169**

Name  
**ROSE YOLETTE ANTOINE, PASTOR**  
 Street Address (P.O. Box Number is Not Acceptable)

**1305 N.W. 7th AVE**

City

**MIAMI**

**FL**

Zip Code

**33169**

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

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

*04/25/02*  
 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 **P** ☐ Delete  
 NAME **CHAPIESKY, ROBERT E**  
 STREET ADDRESS **1305 NW 203 ST**  
 CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE **VPD** ☐ Delete  
 NAME **ANTOINE, JEANNETTE**  
 STREET ADDRESS **3537 SW 175TH AVE**  
 CITY-ST-ZIP **MIRAMAR FL 33029**

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

TITLE **SD** ☐ Delete  
 NAME **ANTOINE-CHAPIESKY, LISNA**  
 STREET ADDRESS **1305 NW 203RD ST**  
 CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE **JEAN, ARNOLD** ☐ Delete  
 NAME **JEAN, ARNOLD**  
 STREET ADDRESS **690 N.E. 133RD ST., APT 16**  
 CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **SAINTA CHARLES**  
 STREET ADDRESS **1155 N.W. 7th AVE**  
 CITY-ST-ZIP **MIAMI, FLORIDA 33168**

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: *Jeannette Antoine* **JEANNETTE ANTOINE - VPD** *4-25-02*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)