

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91842 039 \*\*\*\*75.00

**DOCUMENT # N38657**

1. Entity Name  
**HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0203195**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ALEXANDER, GARY CPA  
8201 PETERS ROAD, SUITE 1000  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **CHAPIESKY, ROBERT E**  
STREET ADDRESS **1305 NW 203 ST**  
CITY-ST-ZIP **MIAMI FL 33168**

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

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

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

TITLE **D** ☒ Delete  
NAME **SAINTA, CHARLES**  
STREET ADDRESS **1155 NW 7TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☐ Change ☒ Addition  
NAME **Rev. Yolette Antoine**  
STREET ADDRESS **3537 SW 175 AVE**  
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE **M** ☐ Change ☒ Addition  
NAME **LOUISE LEGER**  
STREET ADDRESS **901 NW 63 ST**  
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE **SD** ☒ Change ☐ Addition  
NAME **ANTOINE-CHAPIESKY**  
STREET ADDRESS **LISA**  
CITY-ST-ZIP **12555 NW 1 AVE  
MIAMI, FL 33168**

TITLE **P** ☐ Change ☒ Addition  
NAME **JEAN F. FRANCOIS**  
STREET ADDRESS **11631 NW 7 AVE**  
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE **D** ☒ Change ☐ Addition  
NAME **SAINTA CHARLES**  
STREET ADDRESS **1155 NW 125 ST**  
CITY-ST-ZIP **MIAMI, FL 33168**

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:

*Yolette Antoine, M*

*04/23/03 (305) 685-9662*

CR2E037 (10/02)