

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # 45468
1. Entity Name
HAITIAN CENTER FOR FAMILY SERVICES, INC.

Principal Place of Business Mailing Address
HAITIAN CENTER for 2715 N. Australian Ave.
FAMILY SERVICES, INC. WEST PALM BEACH, FL
33407

2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE SAME AS ABOVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 NOV 19 PM 2:19

900004706639--5
-12/05/01--01074--013
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBERT ARRIEUX
7. Name and Address of New Registered Agent
Name ROBERT ARRIEUX
Street Address (P.O. Box Number is Not Acceptable)
2715 N. AUSTRALIAN AVE
City WEST PALM BEACH FL Zip Code 33407

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] DATE 9/13/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25
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	CHAIRMAN	<input checked="" type="checkbox"/> Delete	TITLE	BILL WASHINGTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK LECANTE		NAME	THE TREASURY	
STREET ADDRESS	2000 PGA BLVD #13120		STREET ADDRESS	2715 N. AUSTRALIAN AVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP	W.P.B. FL 33407	
TITLE		<input type="checkbox"/> Delete	TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	FATHER ROLAND DESOCHNEUX	
STREET ADDRESS			STREET ADDRESS	2715 N. AUSTRALIAN AVE	
CITY-ST-ZIP			CITY-ST-ZIP	W.P.B. FL 33407	
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROODY BARTHELEMY		NAME	SABINE JACQUES PHILIPPE	
STREET ADDRESS	P.O. BOX 20813 N/A		STREET ADDRESS	2715 N. AUSTRALIAN AVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33416		CITY-ST-ZIP	W.P.B. FL 33407	
TITLE		<input type="checkbox"/> Delete	TITLE	Robert Arrieux	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	2715 N. Australian Ave	
STREET ADDRESS			STREET ADDRESS	W.P.B. FL 33407	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VICE-CHAIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZ THONY		NAME		
STREET ADDRESS	11204 MAHOGANY DR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH, FL 33436		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] DATE: 9/13/01