

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45754

1. Entity Name

SOCIETY FOR HAITIAN ADVANCEMENT, RECOGNITION AND

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90272 002 ****70.00

Principal Place of Business

Mailing Address

5000 BISCAYNE BLVD., STE. 102
MIAMI FL 33137
US

5000 BISCAYNE BLVD., STE. 102
MIAMI FL 33137-3218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0339714

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O.-Box Number is Not Acceptable)

City

FL

Zip Code

GEORGES, CELINA
102 N.W. 109TH STREET
MIAMI SHORES FL 33168

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 VC ☐ Delete
NAME MCNALLY, FERNAND
STREET ADDRESS 1935 NE 167TH STREET
CITY-ST-ZIP NORTH MIAMI BECH FL 33162

TITLE ☐ Change ☒ Addition
NAME LEONEL GEORGES
STREET ADDRESS 7100 N.W. SECOND AVENUE
CITY-ST-ZIP MIAMI, FLORIDA 33150

TITLE CD ☐ Delete
NAME FLOREAL, PREVAL REV
STREET ADDRESS 6501 N MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33150

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

TITLE TD ☒ Delete
NAME DAVIS, ALICE
STREET ADDRESS 5020 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33137

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

TITLE MD ☒ Delete
NAME ELLIGAN, IRVING DR.
STREET ADDRESS 8431 NW 12TH AVE.
CITY-ST-ZIP MIAMI FL 33150

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

TITLE MD ☐ Delete
NAME FLOREAL, PREVAL REV.
STREET ADDRESS UNITED METHODIST CHURCH
CITY-ST-ZIP MIAMI FL 33161

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

TITLE MD ☐ Delete
NAME MCNALLY, FERNAND
STREET ADDRESS 19545 N.W. 2ND AVE. (441)
CITY-ST-ZIP MIAMI FL 33169

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GELINA GEORGES/ 01/18/00-PH.305 571-9175

Date

Daytime Phone #

CR2E037 (9/99)