

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49471

1. Entity Name

HAITIAN CHRISTIAN REFUGEE SERVICES, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90431 032 ****61.25

Principal Place of Business

8260 N.E. 2 AVENUE
 MIAMI FL 33138

Mailing Address

P.O. BOX 380306
 MIAMI FL 33238-0306

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0339775

Applied For

Not Applicable

5. Certificate of Status Desired - ☐ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGES, JEAN N REV.
 12385 N.W. 17 AVENUE
 MIAMI FL 33167

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.

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

TITLE D
 NAME GEORGES, JEAN N REV.
 STREET ADDRESS 12385 N.W. 17 AVENUE
 CITY-ST-ZIP MIAMI FL 33167 ☐ Delete

TITLE D
 NAME DORANZIL GEORGES, JULMENE
 STREET ADDRESS 12385 N.W. 17 AVENUE
 CITY-ST-ZIP MIAMI FL 33167 ☐ Delete

TITLE T
 NAME JOSEPH, LUSANA
 STREET ADDRESS 289 N.W. 108 TERRACE
 CITY-ST-ZIP MIAMI FL 33168 ☐ Delete

TITLE T
 NAME JOSEPH, JULES
 STREET ADDRESS 3325 N.W. 174 STREET
 CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE T
 NAME GEORGES, MARIE GINA
 STREET ADDRESS 12385 N.W. 17 AVENUE
 CITY-ST-ZIP MIAMI FL 33167 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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: REV. STEVEN N. GEORGES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 305-7591124
 Date Daytime Phone #

CR2E037 (9/99)