

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

0044558

**DOCUMENT # N49471**

1. Entity Name

**HAITIAN CHRISTIAN REFUGEE SERVICES, INC.**

05-03-2001 90982 035 \*\*\*\*66.25

Principal Place of Business

Mailing Address

8260 N.E. 2 AVENUE  
 MIAMI FL 33138

P.O. BOX 380306  
 MIAMI FL 33238-0306

2. Principal Place of Business

3. Mailing Address

8410 NE 1st PL  
 Suite, Apt. #, etc.  
 103

P.O. BOX 380306  
 Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33138

USA

33238

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0339775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

7. Name and Address of New Registered Agent

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

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.

**HAITIAN AMERICAN CHRISTIAN REFUGEE SERVICES INC.**

SIGNATURE *JEAN N. GEORGES*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-2001  
 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 NAME STREET ADDRESS CITY-ST-ZIP	D GEORGES, JEAN N REV. 12385 N.W. 17 AVENUE MIAMI FL 33167	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORANZIL GEORGES, JULMENE 12385 N.W. 17 AVENUE MIAMI FL 33167	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEPH, LUSANA 289 N.W. 108 TERRACE MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEPH, JULES 3325 N.W. 174 STREET MIAMI FL 33142	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGES, MARIE GINA 12385 N.W. 17 AVENUE MIAMI FL 33167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *JEAN N. GEORGES*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

Daytime Phone #

305 7591124

CR2E037 (10/00)